

Teesside 1969

Community Aspects of Health



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Preface

It seems appropriate that the Annual Report for such a new Authority as Teesside should move away from the traditionalism which has surrounded such reports for so long. Each successive year has been marked by a tedium of reports, all of the same standard content and format. The aim in producing this Report has been to try to avoid boring the reader by such repetition. Instead, we have concentrated on the newer aspects of the Health Service.

The key-word for 1969 has been 'co-operation'—a word which has become hackneyed by its over-use in the Health Service. However, in the Teesside setting it has taken on a real meaning as the reader of this Report will readily recognise. It is certainly true that a Local Authority Health Department, despite its wide resources of technical 'know-how,' can achieve little in isolation from the other two branches of the Health Service. Even this, in itself, is not sufficient, because to succeed in promoting the health of the community, one must inflame the community itself to the hazards to health which are ever present. To achieve this, it is therefore important to establish links with Voluntary Bodies, Press and Mass Media, as well as the individual citizen himself, in order to promote a positive health programme.

The past eighteen months since the inception of Teesside have been a demonstration of how ineffective the administrative barriers of the Health Service are, when there is a will to work together. During this time, the clear policy has been to build up working arrangements with the other two branches of the Health Service; Indicative of the success of this approach is the fact that virtually all the Local Authority nursing staff are now working in integrated teams with the family doctors to provide a modern concept of primary medical care. Thornaby is already serviced by a new Health Centre and plans are progressing for Health Centres in each of the other areas of Teesside. However, there has always been a tendency to over-emphasise the role of buildings, and we must bear in mind that the Health Service is for the people and by the people, so that, unless there are opportunities, facilities and resources to provide the individual with a high standard of service at their first point of contact, the exercise will be largely wasted.

The highly successful venture with the Hospital and General Practitioner Services in establishing a Maternity Unit for very early discharge at the North Tees Hospital, where the mother is taken into hospital for delivery by the Domiciliary Midwife, is a prime example of the close co-operation for the benefit of the expectant mother with, as an important bonus point, a new understanding between the dicotyledonous Midwifery Service.

Modern Society demands a Health Service which is at the same time efficient and personal, and it is hoped that the reader of this Report will be aware that this is the ideal towards which we, in Teesside, are striving.

Acknowledgements

Nineteen sixty-nine, the first full year of Teesside, has been a time for the consolidation of ideas and aims, and I am happy that some real progress has been achieved in the sphere of the Local Authority Health Service. There is no doubt that this would not have been possible without the guidance and support of the Chairman, Alderman J. A. Brown, C.B.E., J.P., F.R.S.H., and Members of our Teesside Health Committee. Their tolerance and wisdom has been invaluable to me over the past year, and I am glad to take this opportunity of expressing my gratitude to them for all they have done during 1969.

I would also like to take advantage of this report to record my appreciation of the other branches of the Health Service; the co-operation which has been shown by the Health Executive Council, the Local Medical Committee and the Hospital Services has, I believe, helped to provide a better and more co-ordinated service to the people of Teesside. Nor must we forget the help and co-operation which my Department receives from the family doctors of Teesside. In all spheres of activity, it seems as if the maxim, "Progress in Unity," has become more of a reality than an ideal.

To all the Chief Officers of this Authority and their staff I extend my thanks for their help in the various projects undertaken by my Department in 1969.

I am grateful that we have in Teesside such excellent response from the Local Press in reporting our news, both good and bad! Through their coverage and interest, the scope and nature of our work is made known to those we serve. Particular mention must be made of the co-operation shown by the Middlesbrough Evening Gazette during the Paratyphoid outbreak in the Autumn of 1969. Not only did they publish free for us a series of advertisements on hygiene, but throughout the worrying time, they approached us for information in a most considerate and tactful manner.

In this list of acknowledgements, I wish to include my thanks to the various Voluntary Bodies who do so much to promote the health and welfare of the citizens of Teesside. It is a great comfort at times to recollect that the Health Department is not functioning in a vacuum, and the interest shown by these organisations in the work we are doing is of great value.

Finally, I would like to thank all the members of my staff, both administrative and field workers, for their loyal and devoted service over the past year. It is entirely due to them that this report can be compiled at all. During 1969, the work load has increased considerably for all the staff, and it is of great credit to them that by working as a team this extra burden has been successfully surmounted. I would feel it in poor taste to single out any particular member of the team for acknowledgement, and can only say to each and everyone that it is their hard work which has made this, the first complete year of Teesside, both successful and 'Healthy.'

Part I

Statistics and Social Conditions of Teesside

Statistics and Social Conditions of Teesside

Area	49,107 acres
Estimated population — mid 1969	393,810
Rateable value 1967-1970	£20,573,406
Product of the penny rate 1969-1970 — estimated	£81,250

Live Births

	Male	Female	Total
Legitimate	3,336	3,132	6,468
Illegitimate	364	354	718
			7,186
Corrected rate per 1,000 population			17.48
Illegitimate live births percent of total live births			10.0

Stillbirths

	Male	Female	Total
Legitimate	48	47	95
Illegitimate	6	6	12
			107
Rate per 1,000 total live and stillbirths			15.0

Total Live and Stillbirths

Male	Female	Total
3,754	3,539	7,293

Infant deaths—deaths under one year

	Male	Female	Total
Legitimate	65	52	117
Illegitimate	13	10	23
			140

Infant mortality rates

Total infant deaths per 1,000 total live births	19.0
Legitimate infant deaths per 1,000 legitimate live births	18.0
Illegitimate infant deaths per 1,000 illegitimate live births	32.0

Neo-natal mortality rate—deaths under 4 weeks

Total per 1,000 total live births

12.0

Early neo-natal mortality rate—deaths under 1 week

Total per 1,000 total live births

10.0

Perinatal mortality rate—stillbirths and deaths under 1 week

Total per 1,000 total live and stillbirths

24.0

Maternal mortality—including abortion

Deaths

0

Deaths registered—nett

Males

2,336

Females

1,874

Total

4,210

Corrected death rate per 1,000 population

14.3

Comparative rates

	Teesside	England and Wales
Birth rate — live births	17.5	16.3
Death rate	14.3	11.9
Infant mortality rate	19.0	18.0

Area Compatibility Factors

Births

0.96

Deaths

1.34

Part II

Community Health

Nursing Services

Family Planning

Cervical Cytology

At Risk Register

Assessment Clinic for Children Suffering from
Meningomyelocele

Night Sitters' Service

Management Techniques

Health Centres

Health Education

Convalescence

Davison Home for Children

Infectious Diseases, Vaccination and Immunisation

Chest Clinics

Distribution of Welfare Foods

Laboratory Services

Ambulance Service

Venereal Diseases

Chiropody

Dental Care

Medical Examinations and Assessments

Nursing Services

Establishment of Nursing Staff

The establishment for Midwives is 45 and 44 were actually in post during 1969. During the year there were two retirements and two resignations from this Service, but all four vacancies were filled by new staff.

The establishment for Health Visitors remained at 80 and these were made up from 75 full-time staff and 10 part-time staff. Two School Auxiliary staff who resigned during 1969 were not replaced by the end of the year.

There were 75 Home Nurses in post at the end of 1969 and of these, seven were working part-time. In addition, four full-time Orderlies were employed and eight part-time. During the year there were three retirements from this Service and 15 resignations. The majority of the latter were brought about through ill health or because the Nurse left the Borough to take up a fresh post elsewhere.

Training and Courses Undertaken by the Nursing Staff during 1969

Midwives : Four new teaching Midwives were approved in 1969 bringing the total up to 20. These Midwives are responsible for the domiciliary training of student Midwives seconded to the Local Authority by the North Tees General Hospital and Middlesbrough Maternity Hospital. In 1969 there were 18 Part II students and 15 integrated students; all the 24 students who took their Midwifery examination in 1969 passed to become State Certified Midwives.

Ten qualified Midwives attended a Midwives Refresher Course in 1969, in accordance with the Statutory requirement that all Domiciliary Midwives should attend a Refresher Course every five years. Another Midwife attended sessions on 'The Behavioural Science' organised by the Sandsend Workshop.

Health Visitors : The nine student Health Visitors who commenced training in 1968 were all successful in their examination in September, 1969. These were absorbed into the local team of Health Visitors as vacancies occurred due to retirements and resignations. Unfortunately, no students have been accepted for training for the year 1969-1970.

Three Senior members of the Health Visiting/School Nursing Staff commenced a one year Course on 'Management' in September. This involves attendance at Durham College of Technology for one day each week.

Three Health Visitors attended a six weeks (three by two weeks) Course for Fieldwork Instructors, and three other Health Visitors completed the second part of this Course. Three Health Visitors also attended a General Refresher Course and one Health Visitor attended a week's Course on 'Management.'

Home Nursing : In the sphere of Home Nursing, two Training Courses for students were held in 1969. These were for S.R.N.s and S.E.N.s. All the nurses taking part in this training were successful in passing their respective examinations. From the qualified staff, seven nurses attended Refresher Courses which covered Practical Work Instructions, Management and General Care.

The Queen's Institute of District Nursing arranged three Courses during the year, and the staff who attended these Courses returned enthusiastic and ready to put into practice the new ideas.

The Attachment Scheme

The official attachment of the three Nursing Services to General Practice began in 1968 and has gathered momentum during the current year. Already, 40 Midwives, 54 Home Nurses and 34 Health Visitors have been attached to Practices throughout Teesside. Many of the Nurses who are not attached to a specific Practice are acting in a liaisonary capacity until such time as they can be accommodated within surgery premises. The object of the attachment scheme is to ensure that all the facilities of the Local Authority Health Service are put to better use. It is left entirely to the individual teams how the attachment scheme is operated in their Practice, but it is hoped that the General Practitioners will encourage their Nurses to adopt a more responsible role within the surgery. In the past, the Home Nurses, in particular, have often been working below the level of their skills but with the advent of the attachment scheme and an increase in the number of Bath Attendants and ancillary helpers, they are now able to devote more time to skilled nursing duties. Within the surgery, the Nursing Sister can hold her own sessions for the treatment of minor ailments and many patients can be given an appointment to see the nurse instead of the doctor.

In general, both doctors and Local Authority staff approve of the attachment scheme and it is felt that the public in general are benefiting from the more integrated service they receive. In the future, it is hoped that the scheme may be extended to include Medical Social Workers and other allied staff.

' Teach-In ' on Team Work

A ' Teach-In ' on Team Work was held in November, 1969 to discuss various implications of the attachment of nursing staff to General Practice. Sessions were held simultaneously in Middlesbrough and in Stockton.

Whilst six local speakers presented ten minute papers during the course of the day, the main object of the ' Teach-In ' was to provoke discussion amongst the audience. A wide cross-section of all the professions concerned attended the sessions and seemed to appreciate the opportunity to exchange views and air their comments, both favourable and unfavourable, on their experiences of the attachment scheme.

The content of the papers dealt with three main topics ; Geographical Areas (Dr. G. N. Marsh), The Practice Nurse (Dr. J. M. Perkin and Mrs. B. Wells) and the Construction and Function of the Team (Dr. J. J. McGrath, Dr. G. S. Lowe and Miss K. D. McPartland).

The papers and discussions on the Practice Nurse suggested that the skills and training of the S.R.N. were to a certain extent being wasted. It was felt by many that the attached nurse could perform more responsible tasks than the traditional ones of injections and dressings. It was suggested that she might also see many follow-up patients and certain primary consultations provided she was prepared to seek help from the doctor if at all perturbed about the patient. There would

be certain difficulties in using the nurse in this capacity; it would be essential for adequate facilities within the surgery to be made available for her use, and there would be an increasing need for ancillary staff to attend to the general care and bathing of patients, especially the elderly.

On the question of geographical areas, Dr. Marsh suggested that the time had come for the General Practitioners to look rationally at the distribution of their patients. The pressures on the family doctor were such that every attempt should be made to reduce his visiting distances. This had only been emphasised by the attachment process as the nurses would not have time to fulfil their appropriate role in the surgery if they were obliged to travel over wide areas to visit patients. Dr. Marsh suggested that as more Health Centres were completed, these would become the focal point of the General Practice catchment areas. Already the time was ripe to start the pruning process. He felt that a patient's right to choose his doctor was an old-fashioned and haphazard concept which could not lead to an efficient service for the public in general.

During the discussion on the Construction and Function of the Team, there was some dispute as to who should lead the team. Although the general feeling seemed to be in favour of the doctor heading his own team, some believed that the Health Visitor, with her wide background and knowledge of preventive medicine and Health Education, would be best qualified to act as Team Leader.

Whatever problems were, or were not, solved by the 'Teach-In' there is no doubt that it provided much material for later discussion amongst the individual teams of workers. All who spoke during the sessions stressed the importance of a daily exchange of views between all the attached staff and the doctors as there are so many adjustments needed for the success of the attachment scheme.

Early Discharge

There are early discharge schemes operating from all the Maternity Units in the area. These Units are :—

1. Middlesbrough Maternity Hospital.
2. North Tees General Hospital.
3. Carter Bequest, General Practitioner Unit.
4. Middlesbrough General Hospital.

A certain number of patients from the Teesside area may also be admitted to :—

Overdene Hospital, General Practitioner Unit.
Guisborough General Hospital, General Practitioner Unit.

A Domiciliary Midwife visits most of the Units in the Middlesbrough and Stockton areas daily to pick up details of early discharge so that the Midwives can attend these mothers. In 1969 there were 1,699 planned early discharges and 650 unplanned.

Maternity Unit for Very Early Discharge

This Unit is sited on the first floor of the North Tees Hospital in the suite of rooms originally designated as the 'isolation wing' of the General Practitioner floor. The

facilities available include two bedrooms, a waiting room, and the usual offices. Since it has been in operation, a third bedroom has been added to the Unit, and when the need arises, a fourth bedroom is available.

Detailed schedules were devised before the opening of the Unit to establish what sphere of responsibility should rest with the Hospital and what should fall to the Local Authority staff.

During this first year, 64 women were booked into the Unit. Of these, two women were transferred to the Obstetric floor with complications during labour, and two babies were transferred to the Special Care Unit as a result of their prematurity.

This Unit is believed to be of special value to those women who are 'at risk' obstetrically but who are unwilling to accept any other form of hospital care. When it is time for the mothers who have booked into the Unit to be delivered, they are escorted by their Midwife in an ambulance to the hospital. As soon as the baby has been delivered and the mother is fit to be moved, the Midwife calls an ambulance and takes her charges back to their home. Thus it is possible for the mother to be confined in the safest possible place, whilst no disruption need occur within the home.

Another advantage of this scheme is that the Midwife is able to work in close co-operation with the hospital staff and it is hoped this will lead to an increased integration of the Maternity Services.

With the general decline in the number of home confinements, it was becoming a problem to cope with the training of student Midwives. The Central Midwives Board used to ask that each student should attend and deliver ten home confinements during her training; this number has now been reduced to six, of which three may take place in a 'very early discharge' Unit.

Phenylketonuria

For some years the screening of all babies for this disease, which is caused by incomplete protein breakdown, and could result in mental deficiency, was carried out by the Health Visitors using the Phenistix—nappy test.

Following a report by the Medical Research Council's 'Working Party on Phenylketonuria,' it was recommended that a simple blood test, known as the Guthrie Test, was more accurate. This test is carried out on the sixth day of life, and involves pricking the baby's heel to obtain four drops of blood on special testing paper. The Midwives now carry out this procedure and Health Visitors only use the previous method on babies in special circumstances such as on those babies who have moved into the area without previously having either test. No positive cases have been reported during 1969.

Ante-Natal Clinics

Since the attachment scheme has been introduced into Teesside, Ante-Natal Clinics have been held more and more frequently in the General Practitioners' surgeries. During 1969, 4,080 such sessions were held in the surgery and only

200 in Local Authority Clinics. These Clinics, which are held by the Midwives, not only ensure that the expectant mother is healthy, but also provide her with an opportunity to meet and discuss her worries and problems with other expectant mothers.

In addition to the Ante-Natal Clinics, the Midwives, in conjunction with the Health Visitors, provide Mothercraft and Relaxation Classes for expectant mothers. Of the 18 sessions held during 1969, three were held in surgery premises and 1,080 mothers took advantage of this service. Two methods of relaxation are taught; Helen Heardman and Psycho-Prophylaxis.

In October a group of Midwives and Health Visitors attended a Seminar on Psycho-Prophylaxis in Middlesbrough. The National Childbirth Trust has a flourishing branch in the Teesside area and it was felt that the Midwives and Health Visitors should become acquainted with the methods used by this Trust.

The syllabus of this Seminar, which was spread over the course of two days, was comprehensive in covering all the details of the Psycho-Prophylaxis method advocated by the Trust. Lectures, films, demonstration and audience participation were all included and at the end of each day, time was allowed for question and answer sessions. The value of the Seminar was two-fold; it provided the Local Authority staff with a clear understanding of the purpose and practice of this method and it was invaluable from the point of view of assisting mothers visiting the Local Authority Relaxation Classes who had already received some training in Psycho-Prophylaxis.

Following this Seminar it was decided to organise a limited number of classes to instruct mothers in the Psycho-Prophylaxis method. These classes are being watched carefully and at the present time a study is being carried out to compare this method with those usually taught by the Local Authority staff.

Infant Welfare Clinics

These sessions are held both in Local Authority and General Practitioners' surgeries. The Health Visitors play an active role at these sessions in guiding mothers on problems of welfare.

Every attempt is made to encourage mothers to arrange for the immunisation of their children against diphtheria, whooping cough, tetanus, poliomyelitis, smallpox and measles. Health Visitors also assist in teaching mothers how to guard against accidents in the home and on the roads.

We are fortunate in Teesside in that the majority of our immigrant families are being persuaded to attend these Clinics with their small babies. Certainly they are all encouraged to attend when the Health Visitor makes her first visit to the family. Very often, the schoolchildren in these families act as interpreters for their mothers.

Minor Ailment Clinics

Sessions are held in Health Clinics, some schools, and the Central Clinic, Woodlands Road. The greatest number of attendances has been for the treatment of

verminous heads which seems a sad reflection on our times. It is felt that more stringent measures are needed to combat and control the spread of this infestation and it is felt that it is essential that children known to be infested should be excluded from school at once. In 1969, 6,331 children were found to be infested with vermin during examinations by the School Nurses.

Liaison with Hospitals

Apart from the contact maintained by the Midwives in visiting the Maternity Units to collect information about early discharge cases, the Nursing Services also liaise with the local hospitals regarding the welfare of specific patients.

The Health Visitors attend the Children's Out-patients Departments at Middlesbrough General Hospital and Stockton Children's Hospital. Information regarding the social background of certain children is given to the Paediatric Consultant so that a better understanding can be reached as to the cause of the child's illness.

In special circumstances, diagnosis and details of treatment may be made known to the Health Visitors so that they can follow up the care of the child at home.

Hospitals also welcome details of patients of any age when this information could be decisive in their management and treatment. There is, therefore, a constant exchange of information about the welfare of some patients.

School Health

Health Visitors/School Nurses continued to give much care to the health of schoolchildren in 1969. Each member of the staff has a group of schools for which they are responsible, and as far as possible, hygiene inspection of the children is carried out once a term in each school.

Medical examinations, by appointment with the school, are carried out on school entrants (infants), juniors, and again prior to school leaving.

Vision testing is carried out with the use of the Keystone Vision Screener of which there are now five in use. The children are tested in the age groups 5, 7, 9 and 11 years.

Hearing is tested by an Audiometer. Six new machines were purchased during 1969, and have proved most useful. The children are tested in the same age groups as for vision testing.

During 1969, 14,771 medical inspections were performed, and only 7 children were found to be in unsatisfactory physical health. 2,654 children required some form of treatment and of these, 1,041 were considered as having defective vision.

Scabies

It has been agreed that the treatment of Scabies should be undertaken solely by the Local Authority staff and not in hospitals. Before this could be achieved, several local clinics were reviewed and facilities arranged for the addition of baths and showers to assist in the treatment of Scabies.

Consultation also took place between the hospital staff and the Health Visitors regarding the most effective treatment of this infestation. Dr. J. K. Morgan, Consultant Dermatologist, Carter Bequest Hospital, supplied the Health Department with a description of the method of treatment he had found most effective in eradicating Scabies, and I am most grateful for his help.

Following discussions with the Local Medical Committee, a letter was sent to the General Practitioners of Teesside requesting their co-operation in referring all cases of Scabies to the Local Authority Nurses.

Unfortunately, this infestation is still common in Teesside, and 250 children have been treated by the School Nurses in 1969. Arrangements are in hand at the present time to adapt the bathroom at Newlands Clinic into a Cleansing Centre to help to meet the demand for treatment during the forthcoming year.

Equipment

Extensive research is going on regarding the provision of disposable equipment for the Home Nursing Service. The Midwives have already considerable experience with this type of equipment and it is hoped that in the near future, disposable equipment will be in universal usage.

The pre-packed pre-sterilised delivery and nursing boxes used by the Domiciliary Midwives are packed by the Adult Training Centre. The sterilisation is carried out, with the co-operation of the South Tees-Side Hospital Management Committee, at the North Riding Infirmary.

A special pack is provided for the Ambulance Service for use in an emergency delivery. Suturing packs are available for the Midwives' use at the North Tees Maternity Unit and at Thornaby Health Centre. It has been decided to supply each Midwife with a suturing pack in the near future. Suture removing packs are already carried by each Midwife.

Nursing Equipment

This equipment, which is available for the public to borrow for nursing purposes, has been in great demand during 1969, especially in the case of commodes. These present a particular problem as the patients who borrow commodes usually need them for a considerable length of time. The Department is being faced with a problem of storing this equipment, especially the larger items, as the present facilities are inadequate. One item which occupies a large section of storage space is the incontinence pads; these are very bulky but in such demand that a considerable stock has to be maintained.

National Child Development Study

Details of the births of children born 3rd March to 9th March, 1958, were studied by the National Birthday Trust Fund. Their progress was assessed in 1965, and in 1969 the second follow-up of these children, now aged 11 years, was made during the period June to September. The children involved numbered approximately 160 and, with the full co-operation of the parents, the Health Visitors completed a lengthy social questionnaire for each child. The children then had

a full medical examination by the School Medical Officers, and an ability test was undertaken in school. The report of this survey will not be to hand for some time.

Care of the Dying

This survey has been carried out by the Queen's Institute of District Nursing. All the Home Nursing staff in Teesside were interviewed, and the report of this survey is keenly awaited.

Problem Families

Some families, about 150 in Teesside, cause specially deep concern to the Health Visitors because of the gross inadequacy of the parents. These families, often large by modern standards, live for the most part in sub-standard houses.

Another large number of families are on the 'fringe' of the problem group. In certain circumstances, Local Authority staff hold co-ordinating meetings to discuss a particular problem with a view to providing appropriate help.

Patients attended by Home Nursing Service

During 1969, 10,287 patients were attended by the Home Nurses and of these 4,699 were aged 65 or over. In all, 233,056 visits were paid to these patients in their own homes. The majority of visits were made to medical cases, although much time was still spent in visiting patients to undertake routine procedures such as injections.

Apart from these patients there are also 810 geriatric patients who are visited regularly; these patients do not require nursing care but need frequent supervision.

Deliveries by the Domiciliary Midwives

There were 1,111 domiciliary confinements in Teesside during 1969, and 64 deliveries at the 'very early discharge' Unit. In all, the Domiciliary Midwives attended 2,349 mothers who were discharged from hospital before the tenth day, of which 650 were unplanned.

Family Planning

This Service, carried out for Teesside County Borough by the Family Planning Association, is expanding rapidly. There are now 17 weekly sessions held in the various Local Authority Clinics in Teesside. Health Visitors are able to give advice on this subject to anyone who requests help; they often make the initial appointment at the Clinic for patients, but they do not themselves take part in the sessions.

In February, a scheme was commenced at Carlow Street, in the first instance for three months; a Family Planning Nurse was in attendance during some Infant Welfare sessions so that mothers seeking family planning information could discuss their problems, make appointments for the clinic and buy certain supplies. Response to this scheme was not good so a further trial of three months was proposed. At the end of this time, it was agreed that the response was only 'fair,' probably because three Family Planning sessions were already held at this

clinic weekly. It was decided, therefore, to try the scheme in an area where Family Planning sessions were fewer, and with this in mind, the Nurse was transferred to the Grangetown clinic at the end of October.

By the year end, no greater numbers of mothers had sought advice but at least those who decided to seek advice were mothers who had already had large families.

Cervical Cytology

The demand for this Service has continued throughout the year and clinics have been held in Billingham and Stockton when the numbers on the waiting list have warranted this. The regular sessions in Thornaby ended in July, with the opening of the new Health Centre.

In the Middlesbrough area one weekly session in the centre of the town and one fortnightly session on the outskirts have been sufficient, and here a certain number of patients have been recalled after three years. A fortnightly clinic at Eston and Redcar was found to be adequate and again it was possible to include a certain number of recalls.

The policy of recalling patients after three years has proved valuable as two positive cases have been discovered in this way.

Sessions have also been held in two factories and at West Lane Hospital where the nursing staff from the South Teesside group of hospitals attended.

Midwives and Student Midwives assist at these clinics.

Applicants	2,113	
Number attended	2,815	(recalls 1,185)
Referred to G.P.	624	
Negative	2,734	
Inconclusive	74	
Positive	7	

At Risk Register

The 'at risk' or 'observation' register is a means of recording which children may require extra supervision during their pre-school years and special educational facilities at a later date.

Children are placed on the register for one of the following reasons :—

1. Virus infection during first 3 months of pregnancy.
2. Drugs taken during pregnancy.
3. Toxaemia.
4. Difficult labour.
5. Prematurity.
6. Anoxia.
7. Birth trauma.
8. Haemolytic disease.
9. Neonatal jaundice.
10. Congenital malformation.

Health Visitors send in reports on these children at one month and then at three or six monthly intervals depending on the progress of the child. At the end of the first year many children are removed from the list who have been progressing normally, and by the end of the second year, only a handful of the children originally registered are still kept on the list. All children, however, need to be kept under supervision, because whilst those on the 'at risk' register may become handicapped, others not so recorded may also develop handicaps during the pre-school years. The names of these children are then added to the 'at risk' register, and reports on their progress are sent in at regular intervals.

At the end of the year the following handicaps caused children to be placed on the register :—

C.N.S.		Limbs and Spine and Musculo Skeletal Systems	
Spina Bifida	25	Polydactyly	2
Hydrocephalus	17	Déform, skeleton	2
Spastic	7	Syndactyly	1
Brain Damage	11	Ossius fragilitas	2
Epilepsy	14	C.D.H.	9
Microcephalus	2	Genu Valgum	1
		Malform, spine	1
Eye and Ear		“ muscles	4
Cataract	4	“ face and neck	1
Deaf	7	T.B. Knee	1
Accessory auricle	1	Talipes	39
Alimentary System		Other Systems	
Cleft lip	7	Failure to thrive	5
Cleft Palate	13	Down’s Syndrome	21
Hernia	1	Haemophilia	2
Paralysis throat	1	Phenylketonuria	2
Atresia	2	Naevus	5
Sub-glottic stricture	1	Renal Acidosis	1
Respiratory System		Hypercalcaemia	1
Asthma	3	Gamma Globinaemia	1
Fibrocystic disease	4	Addison’s Disease	1
Heart		Polio	1
Congenital	38	Peripheral Neuritis	1
Urogenital		Muscular Dystrophy	1
Hypospadias	6	Retarded	35
		Coeliac Disease	2
		Achondroplasia	1
		Adrenogenital Syndrome	1

Assessment Clinic for Children Suffering from Meningomyelocele

This congenital malformation is produced by the lack of development of the spine. As a result, depending on the size and site of the malformation, the child may suffer either from minimal handicaps, or from paralysis of the legs or arms. Most of the children so affected have a certain amount of lower limb disability.

A number of these children are born suffering from hydrocephalus and some develop this condition as a result of the operation on their spine. This hydrocephalus is treated by operation, but in a few cases this is not very successful and the child is left both mentally and physically handicapped.

Monthly assessment clinics are held at Hemlington Hospital where the children can be seen by a Paediatrician, Neurosurgeon, and an Orthopaedic Surgeon. Since many of the children have urinary infections and incontinence difficulties, a surgeon who specialises in these problems also attends.

The Health Department is represented at these clinics by the Senior School Medical Officer who advises the parents on the most suitable type of education for their children. The Senior Assistant Medical Officer also attends to give advice on the facilities available to the pre-school child. Wherever possible, these children are enrolled into a Day Nursery or Play Group so that they may adjust to playing with normal children, whilst at the same time their mothers are relieved for a few hours of the responsibility of caring for them.

Night Sitters' Service

The Local Authority now acts as an agency in providing a Night Sitters' Service on behalf of two charities, the Middlesbrough Relief in Sickness Fund and the Redcar Nursing Association. The Service is available only to citizens resident in the old Authorities of Middlesbrough and Redcar and is organised along the same lines as the Marie Curie Memorial Foundation Service.

The funds available for this Service are limited; the Middlesbrough Relief in Sickness Fund contributes £300 per annum, and the Redcar Nursing Association £175, together with £500 of accumulated funds. As a result of this financial restriction, cases which are chosen to receive this Service are carefully selected. In most cases the request for assistance comes through the Home Nurses or Health Visitors, but all applications are considered regardless of their source. The final selection is assessed by the Superintendent Home Nurse.

The present team of Night Sitters are of a high calibre, and are providing a valuable service on two levels; the Night Sitter may attend the patient for an evening whilst the person who normally undertakes the nursing, goes out for an evening. Alternatively the Night Sitter may stay with the patient all night to allow the usual attendant to have an unbroken night's sleep.

Despite its limitations, there is every evidence that this Service is of great benefit to those it is able to help, whilst at the same time, the Home Nurse in charge of the case is able to leave her patient at night without any worries.

Management Techniques

It is interesting to note the growth in the use of Management Techniques in the Department; forward thinking projects and varying concepts of primary medical care are growing alongside increasing experience in the new Teesside Authority.

Close liaison is maintained with the Management Service Unit (of the Borough Treasurer's Department) and a regular cycle of meetings updates all Departments with each other's problems, solutions and projects. Section Heads have attended Seminars in Network Analysis, Critical Path Analysis and Advanced Computer Courses whilst most clerical staff have attended Computer Appreciation Courses.

The question of the provision of computer terminals for updating records and to help in the creation of patient profiles has been actively pursued. The Health Department is at the head of 'the shopping list' and when the new computer is installed in 1970, it is hoped that the Health Department will be 'on line' as required. It is thought that there is a need for computerising many more of the Department's activities and this line of thinking will be vigorously pursued.

The Operational Research Unit has effectively examined the working of the Ambulance Service with emphasis on control, vehicle replacement and long-term Station siting. Several other projects have been given to the O.R. Team and these will carry over into 1970 in which Report they will be amplified. The Vaccination and Immunisation Programme has been extended so that all Teesside children born in 1967, 1968 and 1969 are in the Computer Scheme. This increase coupled with the implementation of the recommended Schedule of Immunisation and Vaccination has created an increased burden with its attendant teething troubles and problems. Provision of output to enable all Teesside General Practitioners to be paid for vaccination and immunisation procedures by the Executive Council has been achieved.

'Teach-Ins' for Health Visitors and General Practitioners' Secretaries are being arranged so that close co-operation will exist between the Health Department administration, the General Practitioners, the Nurses in the field and the Management Services Section.

Increased attention to Interdepartmental Planned Programme Budgeting System has been paid by the Department. Ad hoc Committees have examined 'overlaps' and it is anticipated that these will help both with P.P.B.S. and the inauguration of the Seebohm Report. A course held at Inlogov, Birmingham University has been found to be of great value in this connection.

Active participation in the Authority's Urban Structure Plan (up to 1991) has been a feature evident in the programme for Capital Investment anticipated by the Health Department.

Health Centres

The beginning of 1969 saw the continuation of the discussions with the General Practitioners, Executive Council, Architects and Planning Department in respect of Health Centres proposed for Middlesbrough, Redcar, and to a lesser degree,

Hemlington. Many meetings, often held in out-of-office hours, led to expressions of interest by many General Practitioners in the provision of further Centres at Billingham, Eston and Stockton. This interest, coupled with the completion of the Thornaby Health Centre, suggests a trend towards widespread Health Centre provision throughout Teesside.

Proposed Centre	No. of Doctors Interested
Billingham	9
Eston	11
Middlesbrough	25
Redcar	13
Stockton	13
Stockton L.A. Annexe	14
Thornaby	8
Hemlington	4/6

A Senior Administrative Officer was allocated Health Centres as a 'one off' job, and became the link-man with all the Departments involved, and to a lesser degree, with the General Practitioners and Executive Council. At the same time, a five year Capital Project included provision for up to £3-4 million for Health Centre work.

Gradually a bank of data has been collected and modern management techniques have been, and are being, employed to ascertain the functional and organisational efficiency of all the projects.

It is thought that the principle of long-term benefits of Health Centres should be allied to the concept of attached nursing and ancillary staff working together in a team with the General Practitioner at their head, always bearing in mind that the real objective of these projects is to offer maximum benefit to the patient.

Thornaby Health Centre

The opening of Thornaby Health Centre in September, 1969 marked this new era of integrated care for Teesside. This Centre, which is situated within the new Town Centre, was first planned before the inception of Teesside. The facilities include accommodation for eight doctors and their 'attached' staff of District Nurses, Health Visitors and Midwives. There is also a dental clinic run by the School Health Service and consultation rooms for use by the Home Help Visitor, Mental Welfare Officer, Chiropodist and Child Care Officer. One room has been sound-proofed for speech therapy and hearing examinations.

The importance of this venture lies in the complete co-ordination under one roof of General Practitioners and Local Authority Services. Even the Hospital Service is involved as a daily collection of specimens is made from the Centre for examination in the Pathology Laboratory, Middlesbrough General Hospital, and a Consultant Ophthalmic Surgeon attends the Centre on a sessional basis to hold an Eye Clinic for schoolchildren.

Since the opening of Thornaby Health Centre, the General Practitioners have taken over most of the Thornaby clinics which were formally organised by Local Authority doctors; thus Infant Welfare, Immunisation, Ante-natal and Cervical Cytology Clinics are now held under the control of the patient's own doctor.

All those who have worked from the Health Centre during 1969 are enthusiastic about the success of the project; there can be no doubt that the standard of care for the citizens of Teesside will improve as more of these purpose-built Health Centres are completed.

Health Education

The Background of Health Education Report on Health Education, 1964

The sphere of Health Education has widened considerably over the last decade, until it has become difficult to define its limits. Much of the interest in Health Education was inspired by the Government report on Health Education, 1964. This report suggested that Health Education programmes should embrace four different approaches :—

- (i) specific action which includes immunisation and vaccination campaigns.
- (ii) habit or attitude-changing including such hazards as over-eating and smoking.
- (iii) support for community action on such issues as clean air.
- (iv) education which leads patients to know when to consult their doctors, especially at the early stage of a serious disease.

The report also stressed the need to establish priorities in Health Education, not only regarding what is to be taught, but also to whom. The needs of the community in this field are not stationary, but change with the fashions and development of modern society; thus there is a real danger that the emphasis and techniques of Health Education may lag behind the march of 'progress.'

Aims and Principles of Health Education

The World Health Organisation Committee on Health Education suggested that there should be three aims in promoting Health Education :—

- (i) The first aim should be to make health a valued community asset. This could, perhaps, be considered the aim of the Health Service in general, but by the emphasis it places on the community, it suggests that a healthy community can only exist if the people within the society are health-conscious. It is a concept which assumes the need for greater stress and publicity of the preventive aspects of the Health Service.
- (ii) The second aim proposed by World Health Organisation is to equip people with knowledge and skills which they can use to some extent to solve their own Health problems. The importance of this has been appreciated by many Health Educators in this country. To achieve this end, Health Education is being taught by what is described as the **Democratic Principle**. This means that material is presented to the individual in such a way that he is able to 'select' the right patterns of behaviour for himself, rather than attempting to superimpose behaviour upon him from which the element of free choice has been removed.
- (iii) The third aim expressed by the World Health Organisation Committee was to promote the development of the Health Services in general.

Who Teaches Health Education ?

If the scope of Health Education is limitless, so too is the count of those responsible for promoting the work. Not only are there numerous specific campaigns organised outside the Health Service, but there are also many professions who, by the very nature of their work, contribute to the teaching of principles of Health, Hygiene and Safety. Among these are the District Nurses, Midwives, Doctors and Teachers. Moreover, the Press, Radio and Television all have an important responsibility in promoting the correct attitudes to health. Much time during 1969 was devoted by these media on problems such as smoking and protection from influenza. In Teesside, the local Press played an important part in warning the local citizens of the importance of personal hygiene during the Paratyphoid outbreak.

Presentation of Health Education Material

It can be seen, therefore, that much of the work of Health Education is strictly informal in its presentation. Lectures and campaigns are only a small portion of the total work, and these are doomed to failure unless they are 'put over' in an honest and interesting manner. This depends for the main on the personality and talent of all those who assist with the promotion of Health in the community. As Lord Cohen said, "There are some who see real dangers in an over-emphasis of Health Education, suggesting as did 'The Times' that it 'may tend towards a State verging on national hypochondriacs,' but the good Health Educator does not frighten people to death; he frightens them to life."

Health Education in Teesside

Campaigns

A Health Education Group was formed in 1969, to discuss the priorities of the various aspects of Health Education, and to plan a programme of campaigns accordingly.

The meetings of this Group tended to be lively, as is to be expected when trying to establish new methods and new ideas. It was decided that a new theme should be adopted every three months so that the different campaigns would not become stale and lose their impact on the public.

During 1969 publicity was given to immunisation, food health, anti-smoking, food hygiene, personal hygiene, influenza, obesity, cervical cytology and home safety.

Where the need seemed greatest, this publicity was reinforced by door to door distribution of information leaflets.

Home Safety Campaign

This campaign covered the period October to December, 1969, and consisted of a programme of extensive lectures to all age groups, display material at Health Clinics, and the distribution of quantities of literature to public places such as libraries, clubs and institutes.

Whilst it is impossible to establish directly the influence of this campaign on the number of home accidents during 1969, there was certainly a gratifying reduction in incidents during the latter half of the year :—

Home Accidents	Category	Jan-June	July-Dec	Reduction
1969	Deaths	34	15	19
	Injuries	3,000	2,400	600
	Poisons	108	75	33
	Total	3,142	2,490	652

Anti-Smoking Clinic

This campaign was accomplished in co-operation with the Seventh Day Adventists. The clinic consisted of a series of talks, with vivid visual aids, and took place over five consecutive evenings. It was hoped that by the fifth evening most of those attending would be well on the way to dropping the habit permanently.

About 120 attendances were recorded at each clinic, and of these, about 90% said that they had stopped smoking during the relevant five days. No follow-up was instigated by the Health Department, but the organisers of the sessions arranged a reunion of the participants after several weeks had elapsed.

Initially the sessions were held in the Town Hall, Middlesbrough and the 'addicts' paid a nominal charge to attend. The response to this clinic was so great that a further clinic was arranged at Stockton Co-operative Hall in the Autumn, and it is hoped to organise another in 1970.

One Day Course for Wardens

This Course was arranged at the request of the Welfare Department. It was designed to help wardens to recognise the accident 'black spots' at home. An effort was made to provide the wardens with up-to-date information on modern gas and electrical appliances and to show them the latest developments in first aid.

The speakers involved were the Superintendent Health Visitor, the Fire Officer, Superintendent Home Nursing Officer, a representative from St. John Ambulance, and officials from the Gas and Electricity Boards. All those who took part in the Course were enthusiastic about its success.

Health Education in Health Centres

Part of the work of the Health Education Department is to assist the Nursing staff at the Health Clinics by providing equipment, such as projectors, to use at the Mothercraft classes and the Ante and Post Natal Clinics.

Display Units for various talks and film shows have now been sited permanently in some of the Health Clinics.

Health Education for Students

The importance of Health Education is rapidly being accepted by both Nursing and Teaching professions. Both Bodies now feature questions on Health Education in their final examinations. In 1969, therefore, lectures were given to pupil Midwives, student Health Visitors and Home Nursing students on the work of the Health Education Department in general, and advice and guidance was offered to schools, Colleges of Further Education and Teacher Training Colleges on specific topics such as V.D., Drugs and Hygiene.

Other Organisations

In total, 44 lectures were given by the Health Education Officer on Health Education during 1969. These talks were requested by many diverse organisations, including Youth Clubs, Women's Institute, Y.M.C.A.s and Immigrant Groups.

The greatest demand on this Department, however, is for advice and assistance to students both on a personal and a group basis.

Survey on Teenage Smoking

This survey was sent to me by Judith Lowe and Sharon Worden of Eston Grange Secondary School. The contents of their letter have been reproduced, with their kind permission, in this report as an encouraging sign that some young citizens of Teesside are concerned about the health of their fellow-creatures.

Dear Sir,

As we were very concerned about the great number of teenage smokers, we decided to carry out an Educational Survey around all the Secondary Schools in the Eston area. We began by making out a questionnaire to suit the non-smoker as well as the smoker. The questions were varied and completed by all 4th Years in six schools. From this questionnaire we gathered the following information.

The age group involved in this survey was fourteen to fifteen years old. The first fact we found was that three in every five teenagers smoke. 50% of the smokers were boys and 48% girls, and the majority of them are well aware of the deadly danger smoking causes.

Everyone had a reason for smoking. 47% said it was because their friends smoked; 44% said it was curiosity and a minority of 9% said it was to make them feel older.

In our survey we discovered a few teenagers were spending up to £1 a week on cigarettes, and some even said they were lucky enough to have cigarettes bought for them. However, the average amount spent weekly on cigarettes was 7s 6d.

A disappointing fact was that only one in four smokers have seen any films whatsoever on the dangers of smoking. 68% of the parents know that their children smoke, however, most of them have tried to advise their children against it.

61% of teenage smokers smoke in school, even though every school has a punishment for them. Some teenagers said it was because they can't go a day without having a cigarette. 88% of teenage smokers realise it is illegal to purchase cigarettes whilst under the age of 16.

The sales of filter cigarettes are very high, and this is probably due to the fact that most people consider them less harmful. 71% of teenage smokers were of this opinion.

The worrying question which faces all teenagers is: Can I stop smoking if I want to ?

58% said they find it hard to stop smoking

30% have tried to stop without success

10% wish to stop

2% can stop smoking now if they want to.

This completes the finding of our Survey.

Yours faithfully,

Judith Lowe and Sharon Worden.

Convalescence

The provision of periods of convalescence for all persons is permitted by Section 22 of the 1946 National Health Service Act. Limited funds are available for this purpose and this restricts the number of people who can be aided to recovery in this way. The requests for convalescent facilities, which reach a peak during the summer months, are received in the main on behalf of the elderly, chronic sick and mothers with small children.

District Nurses and Health Visitors are asked to support any applications received, and in cases where no other provision is available, such as Works or Voluntary Society memberships, the applicants are sent to an appropriate Convalescent Home.

In 1969 a total of 129 persons benefited from a period of rest at one of the three local Homes :—

Ropner Convalescent Home, Middleton St. George	94
Yorkshire Foresters' Convalescent Home, Bridlington, Yorks.	12
Rose Joicey Convalescent Home, Whitburn, Co. Durham	23

Applications are received from time to time from persons who for many reasons are unable to negotiate stairs. As all the above Homes have their bedrooms on the first floor, these applications are referred to the Welfare Department who are able on occasion to provide ground floor accommodation, for temporary periods, in their Residential Homes.

Davison Home for Children

This Home has continued to provide a period of change and rehabilitation for children up to the age of 11 years whom the appropriate Nursing or Social Workers have considered to be in need of a holiday. Without the facilities provided by this Home, these children would not have been able to leave their homes for a holiday because of the financial or domestic circumstances of their parents.

The Davison Home, which is in Ainthorpe, near Danby, is set in the heart of the North Yorkshire Moors. Delightful in summer, remote and often snow-bound in winter, the Home is an ideal situation for the children to recuperate in an atmosphere free from pollution.

There is some difficulty, however, because of the remoteness of the Home in recruiting both nursing and domestic staff; the nursing staff are employed on a residential basis, and the domestic staff are recruited locally. Despite these difficulties, it has not been necessary to curtail the use of the Home during 1969 and this has been due to the many extra hours covered by the Matron and her colleagues during the year.

In all, 254 children spent periods of up to three weeks at the Davison Home in 1969.

Infectious Diseases and Vaccination and Immunisation

It is interesting to note the marked decrease in the number of notifications relating to measles. It is not considered that the measles vaccination programme made any significant contribution as difficulty was experienced in obtaining measles vaccine throughout the year and this affected the scheme for vaccinating the very young children. It had the effect of limiting the offer of vaccinating against measles to those children receiving computer appointments, only (this was to enable some guide to be seen in the relativity of supply and demand)—even this had to be done spasmodically owing to the irregular supply of vaccine.

The Public Health (Infectious Diseases) Regulations, 1968 led to certain changes in the list of notifiable diseases. Chickenpox is not now notified locally; notifications of infective jaundice can be seen in the Statistical Tables (Table 3) at the end of this report.

The notifications on Paratyphoid relate to the outbreak which occurred in September and is still continuing. Apart from this episode, 1969 was a relatively uneventful year in this sphere.

A tremendous amount of work was carried out in transferring manual records of Teesside children born in 1967 (other than Middlesbrough residents) under the Computer Vaccination and Immunisation Scheme. Constituent Authority back-records and unscheduled appointments were processed; the inception of the M.R.C. Schedule of vaccinations and immunisations tended initially to complicate the situation, particularly as it was not found possible to integrate the old and the new programmes. It is hoped that close consultation with the Management Services Unit will lead to the elimination of associated problems.

The failure of batches of Diphtheria/Tetanus vaccine to come through the Manufacturers' tests successfully led to a suspension of the relevant booster doses being given to schoolchildren towards the end of the year.

Current policy saw the retention of the "Overseas Clinic" for the purpose of immunising against Yellow Fever only. The removal of the Department to Teesside House meant that the Clinic facilities previously available in the Southfield Road premises were transferred to the Newlands Clinic.

Tuberculosis in Schoolchildren

Particular attention is focused on tuberculosis arising in school children. As a routine precautionary measure teaching staff and school meals staff have a chest x-ray before appointment and this x-ray is repeated every three years.

In any case where there is the least possibility of a member of staff or one of the children proving to be suffering from infectious tuberculosis, a complete check is made at the school. The children are given a tuberculin skin test (Mantoux Test) and those who give a positive reaction then have an x-ray.

There were five cases of Tuberculosis notified in schoolchildren in 1969. In four of these cases the source of the infection was known, and no investigations were required at school. In the fifth, the source was not known, but investigations at the school failed to indicate the source of this case.

Chest Clinics

I am grateful to Dr. Chalmers and Dr. Coutts for their contributions on the Stockton and Middlesbrough Chest Clinics.

A Survey of Activities at Stockton Chest Clinic during 1969

154 out-patient sessions were held during 1969 and patients attended by appointment only, with an average waiting time not exceeding five days between the request for an appointment and a patient being seen.

Throughout the year 1,275 new cases were seen and also 3,147 follow-up cases. We had 38 new notifications during the year of which there were three non-respiratory cases, two being cases of renal tuberculosis and one patient with a possible abdominal primary who developed widespread erythema nodosum and a phlyctenular conjunctivitis and had a strongly positive Mantoux reaction. This case was discussed with the Medical Officer of Health. The milk supplies were found to be perfectly normal but the patient concerned had spent various holiday periods outside the Stockton area and had probably drunk raw milk whilst she was on holiday.

In 18 of the new notifications, the diagnosis was not confirmed by repeated attempts to culture the tubercle bacillus but the clinical and radiological picture strongly suggested a tuberculous condition. In the group where tubercle bacilli could not be isolated, 6 males, 8 females and 1 child were in the radiological group 1 and one male and two females were in the radiological group 2. In the group of cases where the sputum was positive, and the total of this group was 15, there were seven males and two females in group 1, three males and one female in group 2 and one male and one female in group 3. No tubercle bacilli found in these cases showed resistance to standard or salvage drugs. During 1969 we had two new patients with pulmonary infections caused by photochromogenic myobacteria which were niacin negative. We have a steady flow of these atypical myobacterial infections averaging at 2.5 a year for the last four years and these cases are not notified as suffering from pulmonary tuberculosis in view of the

evidence, particularly by Runyon in the U.S.A., that there is no risk of these cases passing the infection by droplet transmission. We have also been able to confirm that the children of these niacin negative cases do not show Mantoux conversion even though they are in close contact with the patient concerned over a period of time.

I have looked back over my figures since 1966 with reference to the attendance of new patients and old patients and there has been a fairly consistent pattern of an average around 1,250 new cases per year. In 1969 there were, in fact, 1,275 new cases with a slight drop in recalls to 3,147 compared to an average over the 1966-1969 period of 3,420.

The vast majority of new cases referred to this Department by family doctors are cases where there is a worry about the possibility of carcinoma of the lung and particularly cases of asthma varying in age from 2 to 80 and nearly 50% of my work is now concerned with the assessment and recommendations with regard to treatment and further supervision of these asthma cases. In this matter I have been very fortunate in having whole hearted co-operation from my colleagues in practice and despite the national increase in death rate from asthma, I understand from my colleague Dr. Walton, Senior Consultant Pathologist, that as far as we can ascertain, the local North Tees death rate in asthma is considerably below the national average and is, in fact, falling. I attribute this to the excellent advice and supervision given to the patients by the family doctors who are in complete agreement with my recommendations with regard to therapy.

We have continued to deal with large numbers of Mass X-Ray films, both reading the films and recalling the abnormal films and the recall rate in the Stockton area is approximately 1.8 per 100 x-rayed. Throughout 1969 four cases of pulmonary tuberculosis were picked up through the Mass X-Ray Unit, but three of these were referred by family doctors and I think one can only accept that one new case was diagnosed by the Unit as family doctors have free access to x-rays at Stockton and Thornaby Hospital and as an alternative they only have to wait up to five days and often less to be seen at the Chest Clinic where immediate films are taken and the patient is seen at the same time and a letter is forwarded to the family doctor with the diagnosis in the majority of cases and full recommendation with regard to treatment. Occasionally, some further investigations or admission to the Thoracic Unit at Poole are required before a final diagnosis can be reached. There is no evidence to suggest that cases of bronchogenic carcinoma picked up by the Mass X-Ray Unit are any more operable than those cases we find following referral by the family doctor.

As you will be aware, the Department of Health and Social Security are deciding to phase out the present Mass X-Ray Units and although they played a very considerable part in finding new cases of tuberculosis between 1950 and 1959, I have felt for a number of years now that these Units are a very expensive luxury. More than half the cases one saw had been x-rayed by the Mass X-Ray Unit in the preceeding six months and were obviously making an unnecessary use of the Unit. On the other side of the coin, whenever a factory made arrangements for the Unit to attend there, and even though they made the most stringent attempts to enforce an appointment system and try and see that the majority of

factory workers went to the Unit (in many cases they made it very difficult for a worker to opt out), despite this, we found that nearly 20% of any factory unit will go to any extreme to avoid an x-ray, and these, of course, are the very cases we are anxious to see.

There is only one positive advantage I can see in the Mass X-Ray Unit and that is in the sense that it is sometimes valuable in trying to reach diagnosis to know that a Mass X-Ray film a year or two years previously was within normal limits and that as compared to a current x-ray there was a marked change and this can certainly help at times to make a diagnosis.

The staffing of this clinic consists of one Senior Personal Secretary who not only carries out all the typing, usually from tape, for the out-patients seen at the clinic, but in addition she does all the typing for my medical out-patients at Stockton and Thornaby Hospital which represents approximately the same number of new and old cases as are seen at the Chest Clinic. We have the services of a part-time Radiographer who attends on days that our clinics are carried out and she produces a high standard of x-ray in the unit at this Department. We also have a senior part-time clinic Sister who attends during clinic sessions and is present two and a half days a week.

Any comment on the year's working of our Chest Clinic would be pointless if no recognition was given to the immense volume of work carried out by my Health Visitor, Miss Kirby, who now covers the whole of the new Teesside Borough north of the Tees, having taken over the services in Billingham, Port Clarence and Haverton Hill, in addition to those that she already carries out at Stockton. She can, in 24 hours, perform duties which, in my past experience, would have required two if not three Health Visitors to cope with and this not only includes checking up on all the contacts and carrying out skin tests and reading the results and making sure that children come up for their B.C.G. vaccinations, but in the absence of an Almoner, her understanding of the family problems and the fact that she is a welcome visitor in all the houses concerned, makes for a very good relationship between the patients and the Chest Clinic and her services are appreciated, not only by myself and Dr. Brewer who runs the clinics at this Department, but also by the family doctors in the area with whom she has a lot of contact over minor problems which she finds when she is doing her usual rounds.

Miss Kirby not only deals with the tuberculosis cases and those under observation but she also looks after many patients with severe chronic respiratory disease and cases suffering from bronchogenic carcinoma and she has been my representative on the small Committee which has been set up north of the Tees to collect funds and deal with cases of hardship in respiratory complaints in the broadest sense.

We have also been fortunate in receiving many gifts from various sources in our area and these have been extremely helpful in maintaining nutrition and also happiness amongst children when clothes and toys have been given. The principal benefactor has been the Parish Church at Wolviston where, through the good offices of the Vicar and also his Committee of ladies, we are overwhelmed by produce, gifts, clothes and food at Christmas time to distribute amongst our

patients and once again Miss Kirby is the agent who knows by experience the deserving cases and makes sure that these goods reach their destination and in the vast majority of cases the goods are taken in Miss Kirby's own car in her own time.

Without the help of my colleagues it would be impossible to run this Department as we have been able to since 1950. Every credit is due to their loyalty and hard work, far in excess of normal hours and they all seem to have a real sense of vocation and interest in this employment.

As far as the future is concerned, I see little likelihood of the number of new cases falling. Both Dr. Brewer and myself are trying to cut down the number of recall cases to the absolute minimum so that we can concentrate on seeing new cases quickly without delay. We will be transferring our entire Department to the out-patient Department in the new North Tees General Hospital some time in 1973. The Regional Board have agreed that the Chest Service should have one additional large office which would be used by my Personal Secretary and the Health Visitor, but I think the need for continuous service by our very good clinic Sister will no longer be required unless there is difficulty in recruitment as she is approaching the normal retirement age.

I have discussed with my colleagues the question of cases who were potentially infectious being seen in ordinary consulting rooms which is the Regional Board's present intention and also the fact that these cases will be in the normal waiting room, but we all feel that the risk of passing on infection under these circumstances is very small. One could, with suitable timing of the Chest Clinics, try and avoid any other clinic where young patients would be present, but I would much prefer that no separate arrangements are made and that these patients are treated on a par with cases who have associated medical conditions, but who are not infectious.

I could write at length with regard to my opinion on the Ministry circular recommending a phasing out of the Mass X-Ray Service, but suffice to say that I am in complete agreement with the Ministry's recommendations. In the North Tees area we will have 100 mm. Mass X-Ray Unit both at Winterton Mental Hospital and also at the North Tees General Hospital at Hardwick. I have agreed that our Consultant Radiologist, Dr. Manners, should read these films and from my knowledge of him over many years, I have no doubt that if there are any abnormal cases picked up he will always contact me to see whether we have investigated or seen the patient before and his close liaison is again one of the encouraging aspects of working in this area. The days when an individual could just walk into a Mass X-Ray Unit and demand a film are over. It is an expensive luxury with minimal dividend and the 100 mm. unit in the new Stockton Hospital should be used at the discretion of Dr. Manners and myself and not as an off-shoot of the Grange Road Unit Mass Radiography Service which I personally feel, after giving loyal service for 21 years, should be disbanded in the foreseeable future.

Middlesbrough Chest Clinic

This is the second report from the Middlesbrough Chest Clinic since the formation of the new County Borough. The change in the administrative arrangements has

not made much difference to the anti-tuberculous work of the Chest Clinic. One advantage is that it is now possible for the Chest Clinic Visitors to visit the homes in areas which were previously included in the North Riding, and in some ways, this makes supervision of the patients and their families easier and more efficient, particularly as regards contact examinations.

Notifications of new cases at 109 were increased last year from previous figures, but they have now dropped again, the total this year being 84 which is 25 less. The respiratory cases have come down to the record low figure of 68, but non-respiratory cases have risen considerably, and it will be interesting and important to see whether this increase is maintained, and is not due to some temporary factor. As usual the number of males is far greater than the number of females notified, and nearly half of the males are aged 45 and over.

The number of deaths is again low, being 10 in 1969, six of which were aged 65 and over. In four of these patients, conditions other than tuberculosis played a large part in causing death.

Contact examinations are being carried on energetically, and the numbers are even higher than last year. 886 contacts were X-Rayed compared with 798 in 1968. Of these, three contacts were notified, one placed on observation, and 423 were given B.C.G. vaccination (438 in 1968).

Fifty tuberculous patients were admitted to hospital in 1969; most of these stayed only for a short period. Many were admitted on social or hygienic grounds, rather than because of the severity of their illness. New anti-tuberculous drugs are being used with increasing frequency, and the complications of drug treatment are becoming much less frequent than they were.

Tuberculosis is coming more and more under control, but it is important at this stage not to relax precautions, and to push on with the anti-tuberculous campaign so that we may reach the stage when the disease is no longer a major public health problem.

I make no apology for referring once again to the problem of lung cancer. The number of deaths in 1969 in the Teesside County Borough was 240. The size of the figure, which is almost certainly an underestimate of the actual position, since some deaths are not recognised as being due to an underlying lung cancer, shows how important the problem is. Despite this, very little seems to be done in educating the public. A most important factor, as has been said many times in the past, is the habit of cigarette smoking, and if responsible people would stop smoking, and encourage others to do the same, this perhaps would achieve more than can be done by the usual forms of propaganda.

Number of Notifications of Tuberculosis for last three years

Year	Middlesbrough		Thornaby		South Bank		Redcar		Total
	Resp.	Non Resp.	Resp.	Non Resp.	Resp.	Non Resp.	Resp.	Non Resp.	
1967	59	3	8	—	13	1	11	1	96
1968	76	6	15	—	9	1	10	1	118
1969	45	9	10	3	9	4	3	1	84

Tuberculosis—Middlesbrough Chest Clinic

Age and Sex distribution of notifications

	Respiratory males	Respiratory females	Non-Respiratory males	Non-Respiratory females	Totals
All ages	53	15	10	6	84
0—	—	—	—	—	—
1—	—	—	—	—	—
2—	2	—	—	—	2
5—	1	1	—	1	3
10—	—	—	—	—	—
15—	2	2	—	1	5
20—	5	3	3	—	11
25—	4	5	3	3	15
35—	11	2	—	—	13
45—	12	—	3	1	16
55—	12	—	—	—	12
65—	3	2	1	—	6
75—	1	—	—	—	1

Source of notification

	1968	1969
Chest clinic	29	40
Contacts	18	3
Mass radiography	14	13
Registrar's returns	3	3
Other hospitals	41	23
Industry	3	2
Immigrants (entry med. exam.)	1	—
Transfers In	5	7
	114	91

Types of cases found

	Males	Females	Children	Total
Sputum A1	7	2	4	13
A2	4	—	4	8
Negative A3	1	1	—	2
Sputum B1	8	1	—	9
B2	15	5	—	20
Positive B3	14	1	—	15
Non-Respiratory	11	5	1	17
Totals	60	15	9	84

Distribution of Welfare Foods

The table below gives details of Welfare Foods which were distributed at Child Health Clinics during the year :—

		Cost to Beneficiaries
National Dried Milk	6,554 packets	£1,016 11s 0d
Free issues	1,795 „	
	8,349	
Cod Liver Oil	4,882 bottles	£244 2s 0d
Free issues	809 „	
	5,691	
A and D Tablets	4,952 packets	£123 16s 0d
Free issues	112 „	
	5,064	
Orange Juice	82,544 bottles	£6,190 16s 0d
Free issues	3,202 „	
	85,746	

Laboratory Services

I wish to thank Dr. Blowers and Dr. Wray for the following section on the Laboratory Services in Teesside during 1969.

As in all previous years, there has been a substantial increase in the number of specimens examined by the Central Clinical and Public Health Laboratories. During September—November, a very great increase of laboratory work was caused by the outbreak of Paratyphoid fever for the investigation and control of which some 4,500 specimens were examined.

During the year there has been a general increase in the use of the Cervical Cytology Service.

The difficulties of accommodation have been eased as regards the Haematology and Blood Transfusion Departments. A little more space will be available when a small extension of the Public Health Laboratory is completed in 1970. The remainder of the Laboratory is still working under very cramped conditions.

The problems of maintaining the Service due to the increased use made of it are accentuated by the shortage of intermediate grades of technical staff and by day-release for staff education.

General Practitioners have continued to send specimens for the influenza-monitoring programme; because of their vigilance, influenza virus HK 68 was identified very early during the 1969 outbreak.

Ambulance Service

The demands on the Ambulance Service have continued to increase during 1969. The statistics available show a 12½% increase in the mileage over the whole year, and a 10% increase in the number of patients carried. This increase can in part be attributed to the more active use of such facilities as Day Hospitals, Special Care Units and the Domiciliary Unit at North Tees General Hospital.

Teesside Ambulance Service operates a fleet of 47 Ambulances which work between three Ambulance Stations at Stockton, Redcar and Middlesbrough. Middlesbrough Ambulance Station acts as the Headquarters for the region.

Vehicles in Use

Ambulances	18
Dual-Purpose Ambulances	25
Sitting Case Cars	4
Total fleet	47

Replacement of Vehicles

Of the 47 vehicles in use, 26 were originally transferred to Teesside on the 1st April, 1968. The remaining 21 vehicles have been replaced by the new Authority. In addition, orders were placed during 1969 for nine more replacement vehicles. The average mileage covered by any one Teesside Ambulance is approximately 22,000 miles. This mileage gives the estimated life-expectancy for each vehicle of five years.

The specifications for the replacement of vehicles in Teesside follow very closely the recommendations outlined in the Millar Report 1967.

Automatic Transmission

Three vehicles in service have been equipped with automatic transmission, and there are three more with this refinement awaited. This addition seems worthwhile as it is popular with the road staff, and creates a smoother journey for the patient.

Major Disaster Plan

A comprehensive and detailed plan has been devised to cover all eventualities in the case of a major disaster. This involved close liaison with Police, Fire and Hospital Authorities and frequent visits to the main industrial undertakings in the Teesside Borough. An ex-Civil Defence vehicle has been fully equipped as a major disaster vehicle. Most of this equipment was donated by I.C.I. Wilton, as a token of appreciation for the help given by the Local Authority Ambulance Service following an explosion at the Plant.

An R/T link with the Casualty Department of Middlesbrough General Hospital has also been established in case of a major disaster.

A close liaison has been made between the Ambulance Service and the Teesside Civil Aid Branch, and it has been agreed that they will provide assistance if required in the event of a major accident. This assistance will involve either the staffing of vehicles by Civil Aid volunteers or help in maintaining the emergency service of the Ambulance Service.

A reciprocal arrangement has been planned for personnel from the Ambulance Service to assist the Civil Aid Branch in their training programme.

Modernisation of Controls

Following an Operational Research survey on the Ambulance Service, attempts to modernise and streamline the Service have been made. This involves the centralisation of Control under the management of uniformed, rather than lay staff.

Training of Ambulance Staff

The Local Government Training Board has authorised the Ambulance Service to commence two week training courses. The training syllabus places a special emphasis on life saving techniques, and this will lead to an improvement in the standard of care provided to the patients whilst in transit to and from hospitals.

Premises at 3 Park Road South have already been allocated for training sessions, and various training aids have been acquired. The Station Officer who will be in charge of training holds the Ambulance Instructor's Certificate which is issued by the Ambulance Service Advisory Committee of the Department of Health and Social Security.

It is anticipated that the training programme will provide training courses during 32 weeks of each year. Examination Courses for both associate and graduate members of the Institute of Ambulance Officers are in progress at Kirby College of Further Education. These two courses are running concurrently and involve attendance at evening lectures throughout the academic year.

Considerable interest has been aroused in these courses amongst the Teesside staff, and at the present time some 20 men are attending one or other course. This indicates commendable enthusiasm when it is considered that all tuition is carried on outside normal working hours and within the limits of rota shift working.

The Local Government Training Board and the Institute of Ambulance Officers are keenly watching the progress of these courses as they are the first to be conducted within the auspices of recognised Further Education.

Prior to the formation of these courses, and as a result of study undertaken on an individual basis, three members of the Teesside Service were admitted as graduates of the Institute of Ambulance Officers during 1969, and two were admitted as Fellows of the Institute of Certified Ambulance Personnel.

It is felt that considerable progress is being made towards the promotion of an adequate, efficient and professional Service.

Many difficulties have, and are still being, encountered and the Local Joint Liaison Committee continues to provide the means of liaison with Union Officials. The services of the Operational Research Team of the Management Services Section and the Work Study Team of the Establishment Department have assisted the Ambulance Service by dispassionately assessing certain areas of the Service with a view to improving the standards of work and remuneration.

The entire staff have had to work hard during 1969, and the standard achieved is reflected in the award of the B.E.M. to driver/attendant N. E. Gillat.

Staff of the Ambulance Service

Ambulance Officer	1
Deputy Ambulance Officer	1
Station Officers	3
Station Officer (training)	1
Shift Leaders	13
Driver/Attendants	99
Attendants	2
Senior Controller	1
Controllers	7
Telephonist	1
Total Staff	129

Authority has been received for the following additional posts, and recruitment for these is at present in progress :—

Driver/Attendants	7	—required in connection with the implementation of the Training Programme.
Senior Controllers	3)	required in connection with
Controller	1)	centralisation of Control.
Clerk/Typists	2)	
Total additional staff	13	

Statistics for 1969

Patients carried	210,899
Emergencies	15,518
Mileage	999,077
Fuel (gallons)	61,514

**The Incidence of Venereal Diseases
in the Teesside Area during the year 1969**

I would like to thank Dr. Campbell, Consultant Venereologist for the following contribution to my Report for 1969.

The Teesside Special Treatment Clinics situated at Middlesbrough, Stockton, Darlington and Hartlepool give a service to the County Boroughs and also the

North Riding of Yorkshire and the greater part of south and south-west Durham. This report deals with a larger geographic area than the Teesside County Borough.

During 1969 there was a 28% increase in the number of patients attending the clinics within this area, 2,140 as against 1,669 in the previous year. The increase was found to be in the numbers of 'new' patients, that is, in the number of patients attending for initial investigation at a clinic in this area. The number of patients attending for further treatment or surveillance after being treated elsewhere remains fairly constant.

Each of the individual clinics had an increasing number of admissions,

Middlesbrough Clinic	1,209	(an increase of 249 cases)
Darlington Clinic	374	(an increase of 95 cases)
Stockton Clinic	287	(an increase of 91 cases)
Hartlepool Clinic	197	(an increase of 45 cases)

As in previous years the patients attending have been sub-divided on a residential basis regardless of the clinic which they chose to attend. Table 1, gives the numbers of 'new' patients attending during 1969 compared to those attending in the previous year.

Table 1 (1968 figures in brackets)

Area of residence of 'New' Patients. Local Health Authority	Total No. Patients	Number of patients diagnosed			
		Syphilis		Gonorrhoea	* Others
		Primary & Secondary	Other Stages		
Teesside	1084 (814)	5 (4)	9 (6)	435 (280)	635 (524)
Darlington	162 (140)	— (—)	— (—)	32 (43)	130 (97)
Hartlepool	150 (118)	— (1)	3 (—)	51 (36)	96 (81)
Co. Durham	162 (124)	— (—)	1 (—)	42 (25)	119 (99)
N. Riding Yorks.	170 (109)	3 (1)	2 (1)	37 (23)	128 (84)
Merchant Seamen	299 (206)	6 (11)	— (1)	72 (58)	151 (136)
Immigrants :—					
Commonwealth	46 (46)	1 (—)	— (1)	20 (14)	25 (31)
Aliens	14 (8)	— (—)	— (—)	4 (3)	10 (5)
Other Areas	50 (42)	— (—)	— (1)	15 (9)	35 (32)
Totals	2067 (1607	15 (17)	15 (10)	708 (491)	1329 (1089)

* These include patients attending for examination but no treatment given.

It is noted from the above table that there is an increasing number of patients attending from all local areas especially in respect of those living in the Teesside County Borough and the North Riding. Although the number of Darlington residents increased, this is the only area where a fall in the incidence of Gonorrhoea was noted.

The number of seamen attending whilst their ships were in Port is comparable to the previous year; fewer cases of early infective Syphilis were diagnosed. The number of seamen treated for Gonorrhoea shows only a slight rise over the previous year but no doubt some of those included under 'Others' were in fact, cases of Gonorrhoea who had responded to treatment given on board ship before attendance at a clinic. This increasing practice of giving treatment before obtaining specimens does invalidate any bacteriological examination carried out on arrival in Port.

Syphilis

There was little change in the number of Syphilis cases seen during the year (30 during 1969 compared to 27 in 1968). Cases of early acquired Syphilis included six foreign seamen who had contracted the infection outside the United Kingdom. Of the eight local cases of Primary Syphilis, five had acquired their infection locally and three elsewhere in this country. Other Syphilis cases dealt with during the year included eight congenital cases, all of whom were over the age of fifteen.

Gonorrhoea

The total number of patients suffering from Gonorrhoea showed a steep rise (44%), 708 as against 481 in 1968. This compares to a national rise of 14% in England and Wales during 1969. In an attempt to analyse this marked increase in the number of patients treated for the disease during 1969 it has been possible to examine varying aspects of the situation as follows :—

Normal Residence of Patients :

It is noted from Table 1 that the number of patients suffering from Gonorrhoea who normally reside in Darlington fell from 43 cases in 1968 to 32 in 1969, all other areas show an increase in the number of Gonococcal infections. The incidence of the disease in the three local County Boroughs is shown in Table 2 based on the latest population figure.

Table 2

County Borough	No. of Cases per 1,000 Population	
	1968	1969
Teesside	0.722	1.121
Darlington	0.506	0.376
Hartlepool	0.363	0.414

Gonorrhoea not being a notifiable disease, the numbers of cases and incidence shown in this report are those attending the local Teesside Clinics and do not include cases that may have been treated elsewhere, so the incidence shown in the above table must be minimal.

Sex and Age of Patients

The increasing spread of venereal disease amongst the younger section of the population has caused some concern in other parts of the country. It has been reported that the increase in Gonorrhoea has been greatest in the age groups

16—20 during the past few years and over 15% of all infections in the country occur in those under twenty years of age. Girls infected with Gonorrhoea outnumber boys and account for 25% of all cases in women.

This trend is now being reflected in this area. On Teesside the under twenties account for one-third of the number of Gonococcal infections treated at the clinics. There has been an increase in both sexes but it is more pronounced in female patients under twenty years of age. The few male patients of sixteen years and under seen over the past few years have been, in most cases, foreign merchant seamen.

Table 3a **Age Grouping of Patients attending with Gonorrhoea**

Year	Total No. of Patients		Males		Females	
	Under 20	Over 20	Under 20	Over 20	Under 20	Over 20
1966	63	355	38	260	25	95
1967	84	382	51	308	33	74
1968	63	402	35	307	28	95
1969	151	516	75	393	76	123

Table 3b **Teenagers Treated for Gonococcal Infections**

Year	Total No. of Patients			Males			Females		
	Age Groups			Age Groups			Age Groups		
	—16	16/17	18/19	—16	16/17	18/19	—16	16/17	18/19
1966	4	16	43	3	5	30	1	11	13
1967	1	21	62	—	10	41	1	11	21
1968	3	17	43	—	8	27	3	9	16
1969	5	46	100	—	23	52	5	23	48

County of Origin

Studies by the Co-operative Study Group of the Medical Society of Venereal Diseases have shown that immigrants acquire their infection from local girls and do not bring the disease with them. It is clear from these studies that immigrant men have contributed significantly to the increase in Gonorrhoea. Their contribution to the problem is now declining as they become more settled and their wives and girl friends join them. The part played by those born in the United Kingdom is becoming more important. These findings of the Co-operative Group are reflected in the local situation; in my report for 1961, when a large increase of Gonorrhoea cases was noted, the part played by coloured immigrants was substantial in that 85 male cases were treated at the Middlesbrough Clinic alone; during 1969 only twenty cases of Gonorrhoea in coloured immigrants were recorded in the area.

Reinfections

Multiple infections often occur in the same individual and some patients attend with two or more infections during the course of the year. Watt (1968) found that 19.5% of all cases of Gonorrhoea treated at a large clinic in Manchester were 'repeat' infections in individuals treated during the past eighteen months.

The situation in this area has not reached such a high proportion but it is noted that the number of such re-infections has doubled over the past three years and is becoming noticeable among the younger patients (see Table 4).

Table 4 Patients Re-attending with a Fresh Infection within One Year

Year	Male Patients by Age Groups					Female Patients by Age Groups				
	—16	16/17	18/19	20/24	25+	—16	16/17	18/19	20/24	25+
1966	—	—	—	6	10	—	—	—	1	—
1967	—	—	1	10	11	—	—	—	—	3
1968	—	—	1	10	11	—	—	—	—	3
1969	—	1	6	11	11	1	—	3	5	2

From the above Table it is noted that the increase in the number of re-infections treated during 1969 is more pronounced in young female patients. A study of the case histories of all female patients attending the Middlesbrough Clinic reveals that 40% of all females attending admit to more than one exposure to possible infection. In those patients treated for Gonorrhoea 50% admit to having been exposed to possible infection on more than one occasion.

**Table 5 Patients Exposed to Possible Infection on More than One Occasion
 (Female Patients attending the Middlesbrough Clinic)**

Female Patients Middlesbro' Clinic	Shown as a percentage in age groups 16 to 20				
	Aged 16	Aged 17	Aged 18	Aged 19	Aged 20
All patients	44%	29%	53%	36%	33%
Gonorrhoea Cases	50%	33%	55%	50%	50%

Other Conditions

There is a growing awareness, particularly among the younger generation, that promiscuity carries with it the risk of acquiring venereal disease and an increasing number of patients are attending for examination though they have seen no symptom of infection. During the year 1969, of the total number of patients seen (2,067), 683 patients were found to be free from infection and did not require treatment.

Contact Tracing

Contact tracing does increase the number of cases dealt with each year but keeps the incidence of infection to a minimum. The satisfactory results of this activity, which I reported in 1968, have been maintained during 1969. Of the 211 cases of Gonorrhoea treated in the female clinics of the area, 167 were contacts who had been persuaded to attend for examination. The total number of contacts examined during the year was 271 (32 males and 239 females) as compared to 173 (17 males and 156 females) during 1968.

Comments

Gonorrhoea, next to Measles, is the most prevalent infection in the world. It has already attained pandemic status and the pundits, who I remember in 1950

asserted that there would be no need for Venereologists, "a nurse with a syringe and penicillin would suffice," have been proven wrong.

There has been, inside and outside the medical profession, much pontification as to causes of this epidemic. Many of the given causes are in my opinion, due to the personal prejudices on the part of the authors. The causes are not simple but multiple and inter-related. Venereologists should keep a more open mind and remember that venereal diseases at epidemic rate, effect populations which are neither prosperous, 'permissive,' nor promote the 'pill.'

The hard fact remains that the Gonococcus at present has the upper hand and we have to devote our energies to detect, trace and treat the sources of infection with all the resources at hand.

I quote from the British Medical Journal, 21st February, 1970, "over the past ten years in the United Kingdom there has been no expansion of either staff or premises despite a great increase in the volume of patients attending. During this time, the increase of new patients at most clinics has been two or three fold." In this area there has been no expansion of staff or premises in twenty years.

Chiropody

Since 1968, continuous attention has been focused on improving the effectiveness and efficiency of the Chiropody Service.

Due to the excellent working relationship and co-operation between all Chiropodists employed by the Authority, it has been possible to increase, quite considerably, the number of treatments given during 1969. There are now four full-time Chiropodists including the Chief Chiropodist and nine part-time Chiropodists working for the Local Authority.

The Service continues to be provided in Local Authority Clinics, Chiropodists' private surgeries, and when necessary, in the homes of patients. Transport is provided to and from clinics for those who are unable to use public transport.

Chiropody clinics are held in 17 Local Health Authority premises throughout the Teesside area. The total number of sessions held each week is 54 and transport is provided in respect of 14 of these sessions each month.

In order to extend the scope of the Service, initial action has been taken during the year to establish an appliance centre for the production of appliances, both protective and corrective, tailored to meet the individual requirements of patients. A Chiropodist with experience of this work has been interviewed and will commence part-time employment with the Local Authority as soon as the arrangements for the provision of the necessary equipment and accommodation have been completed. It is anticipated that this scheme will be in operation early in 1970. The post of whole-time Chiropodist, which had been vacant since December, 1968 was filled in October. In November, a resignation was received from one of the full-time establishment. Fortunately, it was possible to fill the vacancy by the employment of one of our existing part-time Chiropodists on a whole-time basis.

In September we were fortunate to obtain the services of an additional part-time Chiropodist for six sessions per week.

Difficulties in recruiting Chiropodists, together with the increasing demands on the Service, have resulted in the average period of recall for treatment becoming greater in some areas than the normal six to eight weeks. Every endeavour is made to ensure that within the limitations imposed by available resources of the Service, patients in these areas are recalled for treatment as soon as practicable.

In the past, when a Chiropodist has left the Service, it has been possible to cover that area which the Chiropodist served by extending the work of the remaining staff. This is no longer practicable, due to the heavy case loads with which the Chiropodists have to contend.

In December, by agreement with the Welfare Department, the Health Department accepted responsibility for the Chiropody Service provided in the Council's 18 Residential Homes for the Elderly.

Number of patients treated during year ended 31.12.69

Persons aged 60—64	324
Persons aged 65 and over	5,038
Others	100
Expectant mothers	8
	5,470

Number of treatments given during year ended 31.12.69

In Clinics	13,802
In patients' homes	2,931
In Chiropodists' Surgeries	3,732
	20,465

The number of patients that applied and were treated for the first time during 1969 totalled 1,651.

Dental Care of Expectant and Nursing Mothers and Pre-school Children

Whilst no dental surgeons or dental clinics are assigned exclusively to the treatment of maternity and pre-school patients, dental surgeons at all clinics devote as much of their time to the treatment of such cases as the demand necessitates. At the end of the year, the Authority employed a Principal Dental Officer, five full-time and seven part-time Dental Officers, making the equivalent of 8 full-time Dental Officers.

Treatment has been carried out at 13 clinics situated throughout Teesside. In September the dental clinic at Francis Street, Thornaby, was closed as a dental clinic and is now available at the new Thornaby Health Centre. In the same month, the clinic held at Albert House, Normanby Road, South Bank was closed owing to the resignation of the part-time Dental Officer working there.

During the year 89 expectant and nursing mothers and 311 pre-school children were inspected; of these, 82 mothers and 242 children were treated. There were 630 attendances for treatment and 216 courses of treatment were completed.

Medical Examinations and Assessments
1st April, 1969 to 31st December, 1969

Department	Number Carried Out	
	Assessments	Physical Examinations
Architects	26	3
Arts and Recreation	54	3
Baths	38	6
Cemeteries	15	—
Cleansing	—	4
Childrens	47	9
Education	612	296
Education (School Meals)	366	13
Engineering	62	8
Establishment	52	1
Fire Brigade	5	40
Health	114	14
Housing	50	9
Libraries	44	2
Magistrates Clerk	8	1
Museums	11	2
Parks	54	16
Planning	19	—
Port Authority	2	1
Probation	8	—
Police	36	1
C. Public Health Inspectors	2	—
Town Clerks	25	2
Transport	11	448
Treasurer	42	3
Teesside Airport	5	2
T.V.& C.W.B.	29	2
Weights and Measures	1	—
Welfare	88	5
Totals	1,826	891

1,791 Cleared immediately.
122 Referred for further investigation.

1,913 Total assessments handled.

These figures relate solely to assessments. They do not include 'bus crews, firemen and Airport staff, who have compulsory medicals.

Part III

Health Social Services

Mental Health

Teesside Executive Committee for Family Welfare

Day Care of the Pre-School Child

Home Help Service

Mental Health

During the year under review, continued progress has been made in the Mental Health field.

Staffing

Mr. F. A. Sheridan commenced duty as Chief Mental Health Officer on the 1st January, 1969 and during the year the Social Work staff was increased to 11 Officers, amongst whom are two senior Officers, both professionally trained; one Officer holds a Diploma in Social Studies and another holds the Declaration of Recognition of Experience of the Council of Social Work Training. It is intended to add further trained "experienced" Officers to the field work staff in due course.

Every encouragement is being given to existing staff to take the course of training applicable to their own discipline, and during the year one member of the Junior Training Centre staff completed a one year course of training whilst four commenced one year courses. Two members of the Adult Training Centre staff also commenced one year courses.

The Mentally Subnormal

There is a proportionately higher figure of mentally subnormal persons in this area than in many comparable areas, but in spite of this, the area is reasonably well covered by the provision of three Junior and two Adult Training Centres, two Special Care Units and two eleven-bedded Residential Hostels. However, the numbers of Social Work staff are as yet insufficient to maintain the necessary contact with the families of the mentally subnormal, and staff have been obliged to deal only with those families where crises have arisen or where arrangements were necessary for admission to Training Centres and Special Care Units. Further attention will be paid to this problem in the future as more staff become available.

Special mention must be made of the continued dedicated efforts of the staff of the Special Care Units, Training Centres and Hostels.

Holiday

The first Teesside Annual Holiday for the mentally handicapped was held at the end of September when a party of 159 mentally handicapped persons and staff spent a weeks holiday in the Isle of Man; 150 travelled by air via Blackpool and the remainder by sea from Fleetwood. The whole party was accommodated at the Doric Hotel on the northern part of the Central Promenade, Douglas.

The weather was reasonably good and the trainees were never confined to the hotel by the few showers that fell. A very active programme was arranged for the week, including two half-day tours, several visits to the swimming baths, visits to the docks, shops, and the beach, whilst on each evening there was dancing in the hotel ballroom.

With excellent co-operation from all the staff, this first venture was very successful, proving invaluable in the social training of our mentally handicapped trainees.

The Mentally Ill

The two Senior Mental Health Social Workers each lead a team, one north and one south of the River Tees.

North Tees Area : Close liaison is maintained with the two Consultant Psychiatrists at the North Tees Hospital and Winterton Hospital. As no Social Workers are employed at the North Tees Hospital, the hospital social work is carried out by the Health Department's staff. This strengthens our close relationship with the hospital and ensures continuity of support to clients before, during and after hospitalisation. Weekly case conferences are held with the medical and nursing staff.

South Tees Area : A closer link has been forged with St. Luke's Hospital during the year and the Social Work Team now work in very close liaison with the five Consultant Psychiatrists and the hospital Social Workers' representatives attend weekly case conferences with the medical and nursing staff.

On both sides of the River, whilst this welcome close relationship with the hospitals is beneficial to clients and the Service as a whole, it has led to a heavier demand on our already overstretched Service.

General Practitioner Attachments

Six of the Social Work staff are "attached" to Group Practices as part of the Department's policy in the care of the mentally ill in the community, and it is intended to extend this process in due course.

Teesside Executive Committee for Family Welfare

This Committee was set up in September, 1968 in order to co-ordinate a uniform policy in relation to Family Welfare throughout Teesside. During 1969 five meetings of the Committee were held under the Chairmanship of the Bishop of Whitby.

There are three main voluntary Bodies working for Family Welfare in Teesside; these are the Stockton Deanery Council, the Cleveland Family Welfare Council and the Middlesbrough Diocesan Rescue Society. These Bodies are responsible for finding foster homes and assessing prospective adopters. There is also much work carried out for the unmarried mother, both before and after the baby is born.

The Health Department is represented at these meetings, and during 1969, provided £2,263 to help promote the Family Welfare Services.

Two problems have particularly bothered the Committee in 1969, one of these was the concern felt that babies were being fostered out before the tenth day and that the Midwives were not notified of these cases. The other problem which concerned the Committee was the difficulty in finding suitable accommodation

for unmarried mothers. Whilst more of these women were staying at home during their pregnancy, several Mother and Baby Homes had closed down and this meant that those mothers who were not accepted within the family circle, had to travel further afield for accommodation.

In the future, the Committee hopes to extend its sphere of interest beyond the problems of the unmarried mother, and there would appear to be much scope for this Committee in helping to provide a better, and more co-ordinated, Family Welfare Service.

Day Care of the Pre-School Child

In many people's minds there is confusion concerning the need for and the advisability of day care for the pre-school child. The physical needs of young children are easy to determine, but it is in the psychological field that doubts have been raised from time to time.

Research into the field of separation of a child from its mother at a very young age showed that it can be harmful if prolonged. That deprivation of a child from its mother can lead to serious behaviour disorders has been shown by a study of children brought up in institutions. It was found that there was a much larger proportion of delinquents evolving from this type of childhood than from amongst those brought up at home.

As a result of this research many Local Authorities decided to stop building new Nurseries on the grounds that the children might suffer harm from lack of contact with their mothers for long periods. This theory also had the effect of greatly extending the principle of allowing mothers to stay with their children in hospital, although it made little impact on the question of children visiting their mother.

Further work has shown that these theories, whilst generally true, did not apply necessarily to short-term absences of a few hours; indeed, in the case of the child aged three to three and a half, some good was achieved, as such absences give the child much needed independence from maternal domination.

The necessity for unsupported mothers to have their children cared for during the day had long been accepted with some reservation and hesitation by many Local Authorities, but the later findings were well received and building of Day Nurseries improved greatly.

Active encouragement by the Department of Health and Social Security has helped this trend and action by the private sector has also increased.

Public Care

In accordance with general policy the Council has declared that its first obligation is to offer day care to the children who are classified as 'priority cases.' These can be broadly defined as the unsupported mother, illness of one or both parents, handicap of either child or parent, poor home circumstances and similar conditions.

Day Nurseries

There are six Day Nurseries in the area :
As at 31st December, 1969

Day Nursery	Places	No. on Register	Average Attendance per year	Priority Waiting List
Mosman Terrace, Middlesbrough	60	52	43.3	Nil
West Lane, Middlesbrough (to 3.10.69)	60	67	42.8	Nil
Turford Avenue, Middlesbrough (from 6.10.69)	—	—	—	—
Parkside, Middlesbrough	60	60	49.1	32
Durham Road, Stockton	60	74	41.2	5
Norton Road, Stockton	60	53	46.0	Nil
Tame Street, Haverton Hill	20	9	13.6	Nil
	320	315	236.0	37

In January, 1969, a fire destroyed a wing of the Durham Road Day Nursery and re-building was not completed until the early summer, hence the low average number of attendances.

In October the new Day Nursery in Turford Avenue was opened and West Lane Nursery closed. The latter was then rented out as a private Nursery, the tenant being selected by the Council from a number of applicants.

Creches

An extension of the Day Nursery provision is made by creches in Corporation clinics. These are run on two or three sessions per week on a casual basis at a charge of 1s 6d per session. They provide opportunities for the mother to fulfill engagements unaccompanied, and for the children to learn to play with others of a like age. The creche attendants are employed by the Corporation on a part-time basis, taking several clinics during the week. There are eight clinics in the Middlesbrough area, operating a total of 17 sessions per week. It is not proposed to extend this facility, as it is thought best to encourage the development of play groups.

Play Groups

At the end of the year there were six such groups operating sessions at clinics in Middlesbrough, Nunthorpe and Redcar areas. Three are run purely as co-operatives, with one recognised leader who is licensed by the Department and a rota of parents act as assistants. For these a nominal charge of 1s 6d per session is made. Two of the groups operate with permanent assistants and make a charge of 4s 0d per session to cover the capital provision of toys and to make some recompense to the Leader and assistants. In each case an annual rental of £1 is charged irrespective of the number of sessions held each week.

Evening Care

Concern has been felt for children, often in infant school classes, who are either given a key to get into their homes, or who have to go to a neighbour's house whilst both parents are at work. The term 'latch key' children has been coined to denote these youngsters and efforts, so far abortive, have been made to recruit voluntary helpers to form a play group in a Community Centre, so that the gap between leaving school and the parent arriving home can be safely and comfortably bridged—say between 3-30 p.m. and 6 p.m. The Annual Report for 1970 should produce a brighter picture.

Private Provision

This aspect of pre-school care is controlled by legislation in the Nurseries and Child Minders Regulations Act, 1948, as amended by the Health Service and Public Health Act, 1968.

All premises where day care is given for children under five years of age and each person providing such care, if a payment is made, must be registered by the Local Authority. The Local Authority is required to make conditions as to the suitability of both premises and persons and may refuse to register or withdraw registration if the conditions are not being met.

Two methods of day care are specified in the amended Act, Day Nurseries and Child Minders. Day Nurseries are usually considered to be premises designed or adapted for the reception of groups of people, i.e. Community Centres, Church or Scout Halls, or a room or series of rooms in a house not used as part of the dwelling. Child Minders are essentially people who care for small numbers of children in their own homes.

Generally speaking the leaders and staff of the Day Nurseries and Child Minders are not professionally qualified in this field of care, although a few full-time employees are so qualified. They are in the main, housewives with experience and common sense who have been able to satisfy a need for such provision. Many of them belong to the Association of Pre-School Play Groups and attend a series of lectures and practical demonstrations by professional tutors. The Association and its Courses are becoming recognised as providing welcome advice and guidance to leaders in their aim to interest and stimulate the children in their care.

The total provision in Teesside at the end of 1969 was as follows :—

		Premises	Children
Day Nurseries	part day	32	861
	all day	20	532
Child Minders	part day	6	36
	all day	16	50

It is interesting to note that in spite of the 1968 Amendment, making registration compulsory for persons minding one child for reward, as opposed to " more than two " previously, only eight persons were so registered at the end of the year.

Home Help Service

There has been another increase in the total number of requests for Home Helps during 1969. The majority of these requests have come, as usual, from citizens of 65 years and over. It is, in fact, the aid of this Service which allows many aged persons to continue to live in the comfort of their own homes. At the same time, it is much cheaper to provide the services of a Home Help, than to admit these persons into a hostel or hospital, and many still prefer the independence and freedom of living in their own homes regardless of the circumstances. Whilst the needs of the elderly in this field has been increasing, there has been a substantial drop in the number of maternity cases attended; only 76 maternity bookings were made in 1969, as compared with 97 in the previous twelve months.

The recruitment of satisfactory Home Help staff has been as difficult as ever, but over the course of the year, many letters of appreciation were received with regard to the kindness and efficiency of many of the existing staff. Through their hard work and sense of responsibility, it has been possible to maintain the high standard of this service.

In May, 1969, all Home Helps were given the opportunity of being paid by cheque. The proposal was readily accepted and the difficulty of distributing wage packets on the outer fringe of the County Borough was eliminated.

One disadvantage of the new system was that the weekly attendances at the District Offices to receive pay packets was ceased, and along with this the opportunity for discussion of the allocation of work and the problems of different cases. As it is essential to maintain an interest and co-operation amongst the staff whose work is so dispersed, it was decided to hold monthly meetings in each district. Organisers are also available at the District Offices to discuss cases and any problems the Home Help may encounter.

Whilst some Home Helps have no time off at all, there has been a disturbing increase in sickness during 1969, and altogether 14,000 hours have been lost in this way.

The administration of the Service becomes a major problem when there is a high rate of sickness, as many people are obliged by their circumstances to rely heavily on the aid of their Home Help.

Cases where help provided :

	Aged 65 years and over	Chronic Sick	T.B.	M.D.	Maternity Cases	General Cases	Total	Total 1968
On books 1.1.69	2,311	91	12	—	—	98	2,512	2,191
Cases commenced	800	54	1	—	56	111	1,022	779
Cases completed	637	38	4	—	53	86	818	458
On books 31.10.69	2,474	107	9	—	3	123	2,716	2,512

Part IV

Cemeteries and Crematorium

Mortuaries

Cemeteries, cremation and earth burial

Mortuaries

The main mortuary facilities in Teesside are provided at Middlesbrough General Hospital, and Stockton and Thornaby Hospital by arrangement with the Newcastle Regional Hospital Board.

The Local Authority has a Public Mortuary at Stockton Police Station where decomposed bodies, such as those taken from the sea, are placed when they cannot be accommodated at Stockton and Thornaby Hospital. Some Post Mortem work is carried out there.

In addition, there are Public Mortuaries at Eston and Redcar, but these are not used for Post Mortem work.

It is anticipated that some, or all of the Public Mortuaries will no longer be required when mortuary accommodation becomes available at the new North Tees and South Tees Hospitals.

Cemeteries and Crematorium Department

I am indebted to the Director of Cemeteries for the following information about the work of his Department.

1969 Trends

During this period of time there has been a slight increase in the number of earth burials. There has also been an increase of 12½% in the crematorium figures, and this mode of disposal has now reached parity with earth burials in Teesside. The national average for cremation is 51.2%.

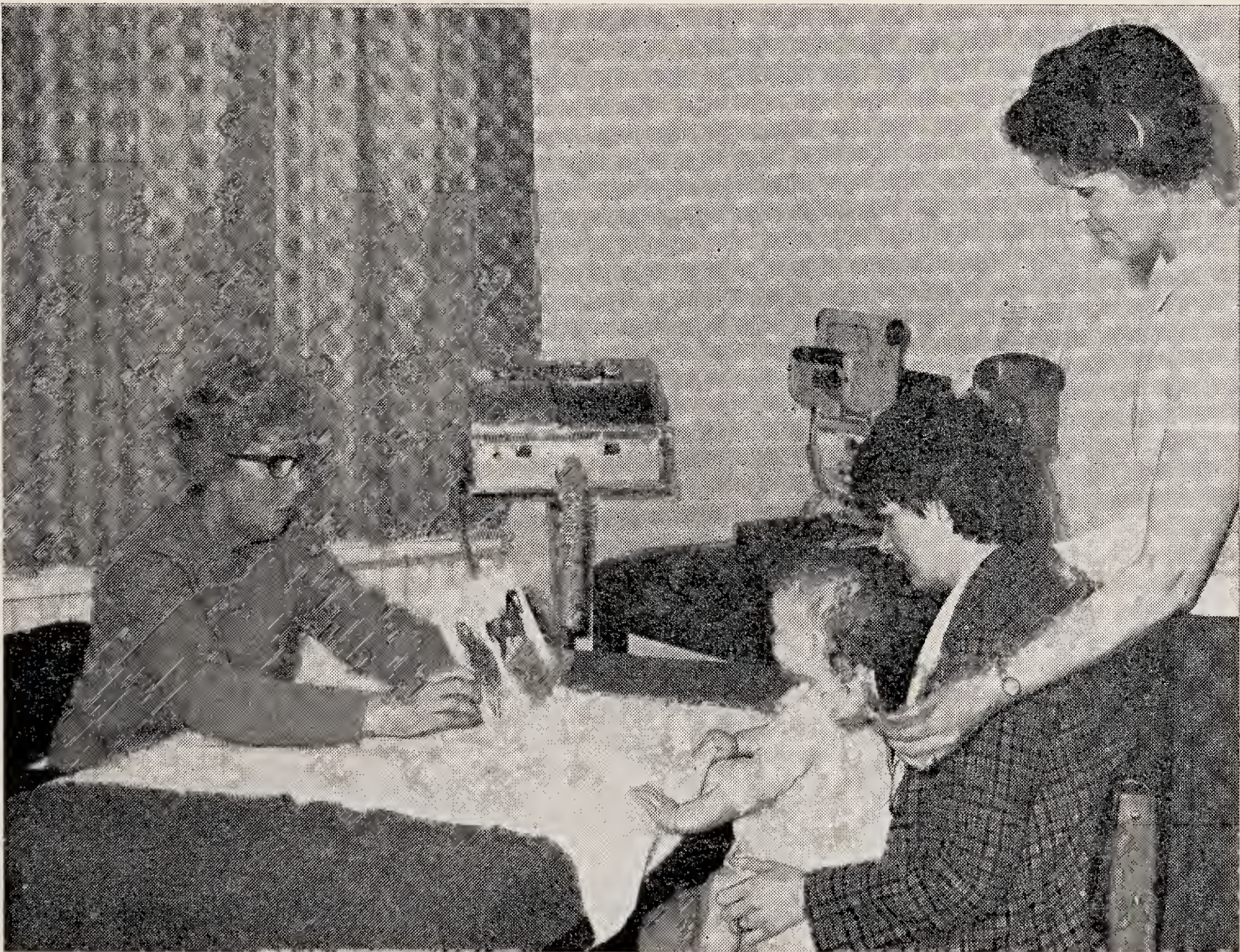
Total Number of Disposals for the Year ended 31st December, 1969 :

Cremations	1969	1968
District from which received :—		
Teesside	2,184	1,904
Cleveland	100	112
Saltburn	165	141
Sundry others	95	103
	—	—
Total	2,544	2,260
Earth Burials	1969	1968
District from which received :—		
Middlesbrough	961	1,005
Eston	300	348
Stockton	551	480
Redcar	138	160
Thornaby	212	172
Billingham	18	—
	—	—
Total	2,180	2,165
Grand Total for 1969	4,724	



Health Education Display

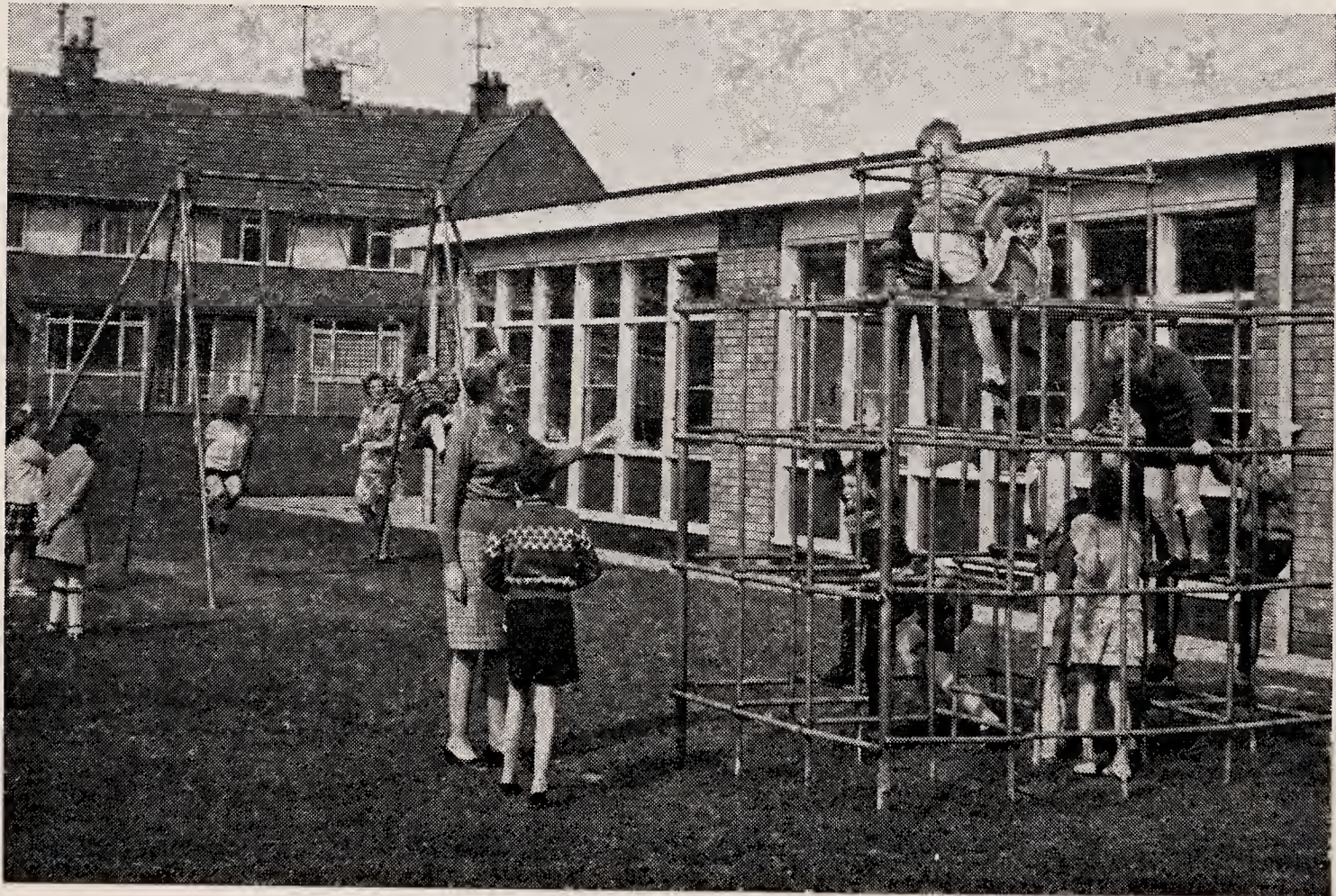
Hearing Test





In the classroom

At play





Propaganda

Talk by Health Inspector to food handlers



West Acklam Clinic



Ambulance Service Group



Part V

Environmental Health

Introduction by Chief Health Inspector

F. G. Sugden, D.P.A., F.R.S.H., F.A.P.I., A.M.I.P.C., A.M.I.P.H.E.

Environmental Health

Food, Drugs and Dairies

Meat Inspection

Air Pollution

Housing

Offices, Shops and Factories

Magisterial Proceedings

Introduction

This report covers the first full calendar year of the existence of the Teesside County Borough. Well before the beginning of the year the Department had settled down to the normal routine of day-to-day activities. Each of the divisions of the Department had, during 1968, prepared its plans of action and 1969 was a year of steady progress towards the targets already laid down.

The Council's Slum Clearance Programme provides for the representation of approximately 1,500 houses each year and during 1969 representations were put forward in respect of eighteen areas included in which were 1,342 unfit houses and 189 fit houses as 'grey' property. In addition to the inspections required before the representation of these houses, a great deal of work has had to be done in preparation for public inquiries, and there is no doubt that keeping up with the pace of the clearance programme is a real challenge to the Department, but one which I am pleased to say we have so far been able to meet. The introduction of the Housing Act, 1969, brought further housing responsibilities to the Department. In particular, the increased emphasis which is to be placed in the future on the improvement of fit but out-of-date houses is certain to require a great deal of effort by our Housing Section. So long as adequate staff are available for the job, this work will be welcomed. There is no doubt that the Teesside County Borough possesses a much larger than average proportion of houses requiring and suitable for modernisation. One would most fervently hope that before the end of the Seventies we should no longer accept as satisfactory housing conditions under which families were without baths, hot water supplies and internal toilets.

It was decided that considerable emphasis should be placed upon improving the standards of food hygiene in the County Borough, and in order to enlist the interest and support of the public, it was decided to describe our increased efforts as a clean food campaign. This is not intended to convey the idea that for a short space of time we shall concentrate on this work and then let it fall off. Before we can achieve the standards in food handling that most of us would like to see, a great deal more work will have to be done. In addition to strict enforcement of the Food Hygiene Regulations, there is a need to gain the wholehearted support of food traders and their employees and of the general public, in particular the housewife. With these purposes in mind, a special conference was called during the year when we had the privilege of having Mr. Morley Parry, the Food Hygiene Advisory Officer to the Department of Health and Social Security, to address a large Teesside audience. At this meeting we offered to provide speakers on food hygiene to any organisation in the town and this offer has met with a splendid response. During the year, a special booklet, "The Housewife's Guide to Food Hygiene" was prepared in the Department for circulation amongst housewives, teachers of home economics and their pupils. The booklet has been very well received, not only on Teesside but throughout the country generally. The educational courses for food handlers continued throughout the year and these were quite well attended.

The control of air pollution represents a very important aspect of the work of the Department. There is no doubt that we have considerable problems in both the

fields of domestic and industrial air pollution. On the domestic side, the Council's programme for the making of smoke control orders represents our only real chance of achieving success. During the year, a further two orders were made bringing 2,317 more properties into smoke control orders. On the industrial side, in addition to monitoring and controlling emissions from the many plants within the County Borough, special approaches were made to some of the larger industrial concerns. As a result of co-operation between the Health Committee and a local chemical firm, an "Open Day" was arranged at one of their plants when information was given about the work which had already been done to reduce pollution and about the measures which were already in hand to bring about further reductions. Meetings were also held with representatives of the iron and steel industry, as a result of which it is felt a much closer co-operation had been built up between the industry and the local authority than had previously existed. Special reference must be made to the great assistance which we have continuously received from Dr. E. T. J. Fuge, the District Alkali Inspector. His co-operation and advice have proved invaluable. For an area like Teesside where within any particular works there can exist plants which are subject to local authority control and plants which are subject to control by the Alkali Inspector, co-operation is essential, but I feel certain that there now exists a much closer co-ordination of the work of both authorities than has ever existed before.

It is also most important that there should be a close co-ordination of air pollution control with the work of the Planning Department. Such co-ordination has been achieved in Teesside, not only in dealing with proposed new plant in respect of siting and emission control but also in the preparation of their detailed Urban Structure Plan. We now have a very close liaison with the Department of Planning and Development who seek the views of ourselves and the District Alkali Inspector so that we may ensure not only that new plant is equipped to give a satisfactory level of emission but that the siting is suitable having regard to the effects of such emission on the adjoining areas.

Special reference might be made to the work carried out by the Department under the Offices, Shops and Railway Premises Act. There are more than 31,000 persons employed in Teesside whose health, welfare and safety whilst at work are dependent on the efficiency of enforcement of the Act by our local health inspectors. Later in this report, details are given of the work which was carried out during 1969 and we feel that the Council and the Health Committee have good reason to be satisfied with the way in which their responsibilities to these people are being discharged.

Reviewed from outside, much of the work done by health inspectors consists of persuading or requiring people to do things which they presumably do not always wish to do. Many of the tasks which are performed could, if carelessly or arrogantly carried out, lead to widespread resentment and dissatisfaction. One of the essential requirements for a health inspector is an ability to cajole or persuade rather than to have to order or demand. A careful perusal of our report will show what an enormous number of matters have been dealt with during 1969 without, in the majority of cases, having to have recourse to legal proceedings or other similar action. All the credit for such achievements does not rest alone

with the Corporation or its Health Inspectors. Just as it takes two to make a quarrel, so it takes two to get along agreeably and I feel that myself and my colleagues are very fortunate in having the opportunity to serve a public as reasonable, co-operative and helpful as are the people of Teesside.

I should like to express my appreciation of the kindness and co-operation received from the Medical Officer of Health and other Chief Officers of the Corporation and record my appreciation of the work done by our staff, both inspectoral and clerical.

Environmental Health Division

Several of the responsibilities of the Health Inspectors are dealt with in the Teesside County Borough by specialist divisions. Details of these and of the work which they have done follow in this report. All remaining duties of the Health Inspector are dealt with by our Environmental Health Divisions, of which there are three. A western division covers Stockton, Billingham and Thornaby, A central division covers most of the old County Borough of Middlesbrough and parts of the Rural District of Stokesley. An eastern division covers Redcar, Eston and a little of the eastern portion of Middlesbrough. A Senior Divisional Health Inspector is in charge of each area and there are 15 inspectors working under their control.

Sanitary Inspection of Area

Nuisances	Found	Abated
Drains, including gullies, soilpipes and waste pipes	1,765	1,988
Defective sinks	82	74
Defective water closet basins and seats	215	153
Defective flushing apparatus	366	344
Defective water closet compartment and structure	202	181
Defective house roofs	403	384
Defective spouting and/or rainwater pipes	570	499
Other defects of external fabric	234	254
Dampness	609	407
Defective wallplaster	179	167
Defective ceiling plaster	78	62
Defective internal woodwork	463	338
Defective external woodwork	166	189
Defective fireplaces, including cooking ranges	87	68
Defective and inadequate water supplies	196	207
Defective yard surfaces	43	32
Accumulation of rubbish and offensive matter	631	531
Improper keeping of animals	21	12
Inadequate and/or defective refuse bins	489	492
Ditches and water courses	8	3
Miscellaneous	411	288

Repairs to Dwellinghouses

Unfit houses made fit and houses in which defects were remedied :—

	By Owner	By Local Authority
After informal action by Local Authority	1,338	—
After formal notice under Public Health Acts	388	—

Certain work completed during the period referred to, notices served in the previous year.

Full information of Housing procedure is submitted to the Ministry quarterly.

Overcrowding

During the year 94 visits were made to houses known to be overcrowded.

Rent Act, 1957

During the year the following action has been taken under the First Schedule :—

Part I — Applications for Certificates of Disrepair

Number of applications for Certificates	3
Number of decisions not to issue Certificates	—
Number of decisions to issue Certificates :	
(a) in respect of some but not all defects	—
(b) in respect of all defects	—
Number of undertakings given by landlords under paragraph 5 of the First Schedule	2
Number of Certificates issued	1

Part II — Applications for Cancellation of Certificates

Applications by landlords to Local Authority for cancellation of Certificates	1
Objection by tenants to cancellation of Certificates	—

Common Lodging Houses

Number of houses	2
Number of keepers	2
Number of inspections	26
Number of lodgers who can be accommodated nightly	210
Number of premises registered during the year	—

Noise Nuisances

Fifty-three complaints of nuisances from noise were received in the Department and 264 visits were made in connection with them. Many of these visits had to be made late at night or in the early hours of the morning. Thirty-two complaints were found to be justified and thirty-three noise nuisances were remedied as a

result of informal action. This included some nuisances outstanding from the previous year. Two Abatement Notices were served under Section 1 of the Noise Abatement Act, 1960.

The major causes of complaint seem to be of noise from road drills or static plant and machinery or dogs barking at night and of noise from dance halls. In the latter connection, one case arose where a complaint was made regarding a Beat Club which was situated in premises adjoining dwellinghouses. After the service of an Abatement Notice, some noise insulation work was carried out but this was not entirely successful and when the Club's licence became due for renewal, it was decided to enter an objection to such renewal on the grounds of the noise nuisance. As a result of this, the licence was withheld until further work had been carried out to the satisfaction of the Department.

During the year a circular was issued to all known operators of road drills and similar appliances within the County Borough reminding them that muffles were now available and acceptable and that failure to use these would represent a contravention of the Noise Abatement Act, 1960. There was a very good response to this circular although one firm did in fact subsequently operate a road drill without a muffle immediately outside the windows of the Health Inspectors' Department. Needless to say, prompt action was taken in respect of it and a suitable muffle was provided within a matter of hours.

Prevention of Damage by Pests Act, 1949

		Type of Property	
		Non-Agricultural	Agricultural
Properties other than sewers			
1.	Number of properties in district	141,258	164
2.	(a) Total number of properties (including nearby premises) inspected following notification	12,788	119
	(b) Number infested by (i) Rats	1,542	—
	(ii) Mice	1,600	—
3.	(a) Total number of properties inspected for rats and/or mice for reasons other than notification	213	—
	(b) Number infested by (i) Rats	30	—
	(ii) Mice	12	—

Licensed Premises

There are 597 licensed premises and 162 registered clubs in the Borough. During the year 358 inspections were made and conditions were generally satisfactory with only a few minor contraventions being found.

Infectious Diseases

In September of 1969 there was an outbreak of Paratyphoid fever in Teesside. The infection was first located in Middlesbrough Maternity Hospital, but it was discovered later that it had been brought into the hospital by one of the mothers who was a carrier.

This outbreak involved the Health Department in a great deal of work. Every attempt was made to trace the original source of the infection as the particular type of Paratyphoid B organism involved was not known to exist at the time elsewhere in Great Britain. A number of food handlers, who had travelled abroad during the summer, were investigated as possible originators of the infection. All investigations along these lines proved negative.

The situation was further complicated in the middle of October when a group of children from Stockton were found to be suffering from Paratyphoid B of the identical type. Prior to this, all reported cases could be traced to contact with the original carrier in Middlesbrough. No direct link could be found between these two pockets of infection, although extensive enquiries were made. The original source of the infection and how it spread from Middlesbrough to Stockton remains unsolved.

In all, there were 27 people from whom the organism was isolated. Detailed enquiries were made about the eating habits of each of these people and stool specimens were collected from every contact or case until at least four had been proved negative for each member of the household. Much of this work fell to the Health Inspectors, Home Nurses, Health Visitors and Midwives.

There is no doubt that the successful curtailment of the infection was in part due to the excellent co-operation between all parties concerned. The Press of Teesside must be thanked for their help in promoting health hygiene during the outbreak, whilst much gratitude must also be due to all the members of the public who so willingly submitted to investigations and sample-taking. It is to be hoped that 1970 is free from any such outbreak which, despite its news value, causes anxiety and worry to many people.

In connection with this outbreak, the following work was done by Health Inspectors :—

Total number of households under surveillance	77
Total number of persons under surveillance	464
Number of food handlers from whom specimens were obtained :	
(a) who had taken their holidays abroad	53
(b) other food handlers	49
Total number of faecal specimens taken to date	1,906
Total number of visits in connection with the outbreak	2,172

In addition, 854 visits were made during the year for the investigation and control of other cases of infectious disease.

Offensive Trades

Thirteen premises are registered in which the undermentioned offensive trades are operated :—

Fat Melting	9
Bone Dealing	1
Blood Drying	1
Tripe Dealing	6
Gut Scraping	2
Tallow Melting	1
Hide and Skin Dealer	1

Nineteen inspections were made during the year and it was found that the offensive trades were being conducted satisfactorily and the premises were generally well maintained.

Sanitary Accommodation of Theatres and Cinemas

There are 12 places of public entertainment within the Borough, 10 cinemas and 2 theatres, and each of the premises were visited, which resulted in a good standard of cleanliness being maintained.

Tents, Vans and Sheds

There are 6 caravan sites in the Borough, 4 of which are licensed and 2 others are used as winter quarters by members of the Showman’s Guild. Members of this organisation are exempt from the provisions of the Caravan (Control and Development) Act, 1960. During the year, 365 inspections were made of caravans on sites in the Borough.

Dirty or Verminous Premises

Number of inspections	1,796
Warning letters sent to tenants	21
Number of rooms disinfected	2,781

Land Charges Act

During the course of the year 6,908 enquiries of the Land Charges Act were investigated.

Pet Animals Act, 1951

During the year 22 premises were licensed by the Authority and 65 inspections were carried out to ensure that they were being maintained satisfactorily.

Animal Boarding Establishments Act, 1963

Four premises were registered under the above Act and were satisfactorily conducted during the year.

Riding Establishments Act, 1964

Six premises were registered under the above Act. In all cases a detailed inspection of the premises was carried out by a Veterinary Surgeon and the premises were found to be satisfactory. Routine inspections were made during the year by the Health Inspectors.

Water Supply

The whole of the County Borough of Teesside is supplied with water by the Tees Valley and Cleveland Water Board. I am indebted to Mr. W. Atha, Engineer—Distribution, for the following information about the water supply.

Much of Teesside is supplied from Long Newton Reservoir in which water from the Lartington Gravitation Supply is mixed with about one quarter of its volume from the River Tees derived supply. Other parts of the Borough are supplied direct with water from the River Tees derived supply or the Lartington Gravitation supply.

The Lartington Gravitation supply consists of a mixture of slow sand filtered water with a water which has been decolourised and purified by chemical coagulation followed by rapid gravity filtration. The pH of the mixed water is raised by the addition of lime, and chlorination completes the treatment. The River Tees derived supply is clarified by chemical coagulation followed by rapid gravity filtration, pH adjustment and chlorination. The water leaving Long Newton Reservoir is filtered through rotary microstrainers which have 160,000 meshes to the square inch and then re-chlorinated before passing into supply.

Part of Redcar is supplied from Long Newton Reservoir, the remainder being supplied from Redcar Filtration Plant, and also from treatment plants at Scaling Dam and Lockwood Beck.

None of the supplies to Teesside County Borough are plumbo-solvent in nature.

The following tables show the results of chemical and bacteriological examinations made during 1969 of the various sources of supply :—

River Tees — Broken Scar Intake, Darlington

Analysis Summary 1st January to 31st December, 1969

Chemical Examination

Number of samples collected 25.	Average	Maximum	Minimum
Ammonical Nitrogen	0.21	0.94	0.09
Albuminoid Nitrogen	0.18	0.43	0.11
Nitrite Nitrogen	*0.01	0.02	*0.01
Nitrate Nitrogen	0.8	3.0	*0.25
Oxygen absorbed from Permanganate in 4 hours at 27°C	6.5	16.0	1.8
Colour (Hazen)	65	300	17
Turbidity as Silica	12	12	2
pH	7.6	8.1	6.9
Free Carbon Dioxide	8	18	4
Alkalinity as CaCO ₃	85	130	25
Carbonate Hardness as CaCO ₃	85	130	25
Non-Carbonate Hardness as CaCO ₃	30	65	10
Total Hardness as CaCO ₃	115	190	35
Calcium Hardness as CaCO ₃	90	145	30
Magnesium Hardness as CaCO ₃	25	45	5
Chlorides as Cl	14	25	9
Silicates as SiO ₂	3	5	1
Iron as Fe	0.20	0.80	0.04
Suspended Solids (dried at 105°C)	16	170	Nil
Dissolved Solids (dried at 105°C)	190	330	120
Sodium as Na	8.5	16.0	3.7
Potassium as K	1.8	3.1	1.1
Conductivity at 20°C (micromhos)	240	390	90

* less than

Results in parts per million except where otherwise stated

Bacteriological Examination

Number of samples collected 41.	Average	Maximum	Minimum
Colony count per ml on yeast extract agar after 1 day at 37°C	495	2,370	100
Colony count per ml on yeast extract agar after 2 days at 37°C	1,360	6,690	120
Probable number of Presumptive Coliform organisms per 100 ml of sample	24,800	180,000 +	500
Probable number of E. coli per 100 ml of sample	4,200	25,000	Nil

River Tees Derived Supply from Broken Scar Works, Darlington

Analysis Summary 1st January to 31st December, 1969

Chemical Examination

Number of samples collected 51.	Average	Maximum	Minimum
Ammonical Nitrogen	0.04	0.11	*0.01
Albuminoid Nitrogen	0.09	0.18	*0.01
Nitrite Nitrogen	*0.01	*0.01	*0.01
Nitrate Nitrogen	1.30	4.90	*0.25
Oxygen absorbed from Permanganate in 4 hours at 27°C	0.9	2.2	Nil
Colour (Hazen)	5	15	Nil
Turbidity as Silica	2	15	Nil
pH	7.6	9.1	7.1
Free Carbon Dioxide	7	19	Nil
Alkalinity as CaCO ₃	110	155	50
Carbonate Hardness as CaCO ₃	110	155	50
Non-Carbonate Hardness as CaCO ₃	55	105	30
Total Hardness as CaCO ₃	165	230	95
Calcium Hardness as CaCO ₃	120	175	80
Magnesium Hardness as CaCO ₃	45	85	20
Chlorides as Cl	15	26	8
Silicates as SiO ₂	3.5	6	1.5
Iron as Fe	0.05	0.18	*0.04
Dissolved Solids (dried at 105°C)	245	335	180
Sodium as Na	10	17	6
Potassium as K	1.8	2.8	1.3
Conductivity at 20°C (micromhos)	325	440	225

* less than

Results in parts per million except where otherwise stated

Bacteriological Examination

	Average	Maximum	Minimum
Colony count per ml on yeast extract agar after 1 day at 37°C	5	29	Nil
Colony count per ml on yeast extract agar after 2 days at 27°C	9	119	Nil
Colony count per ml on yeast extract agar after 3 days at 20°C	4	18	Nil
Number of samples collected for Bacteriological analysis during the period			310
% of samples showing No Presumptive coliform reactions per 100 mls			98.0%
% of samples showing No reaction for E. coli per 100 mls			100%

Lartington Gravitation Supply

Analysis Summary 1st January to 31st December, 1969

Chemical Examination

Number of samples collected 51.	Average	Maximum	Minimum
Ammonical Nitrogen	0.05	0.24	0.01
Albuminoid Nitrogen	0.9	0.14	0.05
Nitrite Nitrogen	*0.01	*0.01	*0.01
Nitrate Nitrogen	0.35	1.50	*0.25
Oxygen absorbed from Permanganate in 4 hours at 27°C	2.9	5.3	1.6
Colour (Hazen)	20	40	5
Turbidity as Silica	1	5	0.5
pH	7.4	9.0	6.8
Free Carbon Dioxide	3	9	Nil
Alkalinity as CaCO ₃	25	45	15
Carbonate Hardness as CaCO ₃	30	45	15
Non-Carbonate Hardness as CaCO ₃	30	40	20
Total Hardness as CaCO ₃	60	85	50
Calcium Hardness as CaCO ₃	50	60	40
Magnesium Hardness as CaCO ₃	10	15	*5
Chlorides as Cl	13	17	9
Silicates as SiO ₂	2.5	3	1.5
Iron as Fe	0.12	0.50	*0.04
Dissolved Solids (dried at 105°C)	110	145	80
Sodium as Na	4.4	5.2	4.0
Potassium as K	0.9	1.0	0.7
Conductivity at 20°C (micromhos)	135	165	120

* less than

Results in parts per million except where otherwise stated

Bacteriological Examination

	Average	Maximum	Minimum
Colony count per ml on yeast extract agar after 1 day at 37°C	10	33	Nil
Colony count per ml on yeast extract agar after 2 days at 27°C	15	62	2
Colony count per ml on yeast extract agar after 3 days at 20°C	34	560	Nil

Number of samples collected for Bacteriological analysis during the period	574
% of samples showing No Presumptive coliform reactions per 100 mls	98.0%
% of samples showing No reaction for E. coli per 100 mls	99.7%

Lockwood Beck Supply

Analysis Summary 1st January to 31st December, 1969

Chemical Examination

	Average	Maximum	Minimum
Number of samples collected	10.		
Ammonical Nitrogen	0.04	0.10	0.01
Albuminoid Nitrogen	0.08	0.15	0.04
Nitrite Nitrogen	*0.01	*0.01	*0.01
Nitrate Nitrogen	*0.25	*0.25	*0.25
Oxygen absorbed from Permanganate in 4 hours at 27°C	0.5	1.9	Nil
Colour (Hazen)	3	8	Nil
Turbidity as Silica	0.6	1.4	0.1
pH ⁶	7.5	8.3	6.7
Free Carbon Dioxide	2	4	Nil
Alkalinity as CaCO ₃	25	35	10
Carbonate Hardness as CaCO ₃	25	35	10
Non-Carbonate Hardness as CaCO ₃	30	35	20
Total Hardness as CaCO ₃	55	70	40
Calcium Hardness as CaCO ₃	45	55	30
Magnesium Hardness as CaCO ₃	10	20	5
Chlorides as Cl	21	22	20
Silicates as SiO ₂	5	6	3
Iron as Fe	0.08	0.20	*0.04
Dissolved Solids (dried at 105°C)	120	145	95
Sodium as Na	11	12	10
Potassium as K	1.1	1.3	1.0
Conductivity at 20°C (micromhos)	170	190	135

* less than

Results in parts per million except where otherwise stated

Bacteriological Examination

	Average	Maximum	Minimum
Colony count per ml on yeast extract agar after 1 day at 37°C	*1	2	Nil
Colony count per ml on yeast extract agar after 2 days at 37°C	2	47	Nil
Number of samples collected for Bacteriological analysis during the period			48
Number of samples showing No Presumptive coliform reactions per 100 mls			48
Number of samples showing No reaction for E. coli per 100 mls			48

Long Newton Reservoir Supply

Analysis Summary 1st January to 31st December, 1969

Chemical Examination

Number of samples collected 25.	Average	Maximum	Minimum
Ammonical Nitrogen	0.04	0.15	*0.01
Albuminoid Nitrogen	0.10	0.18	0.06
Nitrite Nitrogen	*0.01	*0.01	*0.01
Nitrate Nitrogen	0.49	0.95	*0.25
Oxygen absorbed from Permanganate in 4 hours at 27°C	1.9	3.1	Nil
Colour (Hazen)	7	15	3
Turbidity as Silica	1	2	0.5
pH	7.4	7.9	7.1
Free Carbon Dioxide	5	12	2
Alkalinity as CaCO ₃	60	75	45
Carbonate Hardness as CaCO ₃	60	75	45
Non-Carbonate Hardness as CaCO ₃	40	50	35
Total Hardness as CaCO ₃	100	120	85
Calcium Hardness as CaCO ₃	75	95	60
Magnesium Hardness as CaCO ₃	25	30	15
Chlorides as Cl	14	18	11
Silicates as SiO ₂	2.5	3	1.5
Iron as Fe	0.10	0.28	*0.04
Dissolved Solids (dried at 105°C)	155	210	120
Sodium as Na	5.8	7.2	3.3
Potassium as K	1.2	1.4	1.1
Conductivity at 20°C (micromhos)	210	255	170

* less than

Results in parts per million except where otherwise stated

Bacteriological Examination

Number of samples collected for Bacteriological analysis during the period	254
% of samples showing No Presumptive coliform reactions per 100 mls	95.7%
% of samples showing No reaction for E. coli per 100 mls	98.8%

Redcar Supply

Analysis Summary 1st January to 31st December, 1969

Chemical Examination

Number of samples collected 6.	Average	Maximum	Minimum
Ammonical Nitrogen	0.09	0.19	0.02
Albuminoid Nitrogen	0.11	0.15	0.08
Nitrite Nitrogen	*0.01	0.01	*0.01
Nitrate Nitrogen	2.0	3.7	*0.25
Oxygen absorbed from Permanganate in 4 hours at 27°C	0.4	1.5	Nil
Colour (Hazen)	6	12	3
Turbidity as Silica	1.3	2.4	0.8
pH	7.6	8.1	7.3
Free Carbon Dioxide	7	12	3
Alkalinity as CaCO ₃	65	80	50
Carbonate Hardness as CaCO ₃	65	80	50
Non-Carbonate Hardness as CaCO ₃	70	85	60
Total Hardness as CaCO ₃	135	160	110
Calcium Hardness as CaCO ₃	95	115	60
Magnesium Hardness as CaCO ₃	40	50	25
Chlorides as Cl	43	49	38
Silicates as SiO ₂	8	9	7
Iron as Fe	0.10	0.32	*0.04
Dissolved Solids (dried at 105°C)	270	310	220
Sodium as Na	29	30	26
Potassium as K	2.3	2.8	2.0
Conductivity at 20°C (micromhos)	385	440	350

* less than

Results in parts per million except where otherwise stated

Bacteriological Examination

	Average	Maximum	Minimum
Colony count per ml on yeast extract agar after 1 day at 37°C	1	3	Nil
Colony count per ml on yeast extract agar after 2 days at 37°C	1	13	Nil
Number of samples collected for Bacteriological analysis during the period			47
Number of samples showing No Presumptive coliform reactions per 100 mls			47
Number of samples showing No reaction for E. coli per 100 mls			47

Scaling Supply

Analysis Summary 1st January to 31st December, 1969

Chemical Examination

Number of samples collected 10.	Average	Maximum	Minimum
Ammonical Nitrogen	0.09	0.21	0.02
Albuminoid Nitrogen	0.09	0.14	0.06
Nitrite Nitrogen	*0.01	*0.01	*0.01
Nitrate Nitrogen	*0.25	0.30	*0.25
Oxygen absorbed from Permanganate in 4 hours at 27°C	0.8	2.0	0.1
Colour (Hazen)	2	5	Nil
Turbidity as Silica	0.7	1.4	0.2
pH	7.2	8.2	6.5
Free Carbon Dioxide	4	9	2
Alkalinity as CaCO ₃	30	40	20
Carbonate Hardness as CaCO ₃	30	40	20
Non-Carbonate Hardness as CaCO ₃	15	30	5
Total Hardness as CaCO ₃	45	60	35
Calcium Hardness as CaCO ₃	30	35	25
Magnesium Hardness as CaCO ₃	15	25	10
Chlorides as Cl	20	22	18
Silicates as SiO ₂	3.5	5	1.5
Iron as Fe	0.08	0.20	*0.04
Dissolved Solids (dried at 105°C)	120	145	80
Sodium as Na	21	28	17
Potassium as K	0.95	1.00	0.85
Conductivity at 20°C (micromhos)	175	190	150

* less than

Results in parts per million except where otherwise stated

Bacteriological Examination

	Average	Maximum	Minimum
Colony count per ml on yeast extract agar after 1 day at 37°C	*1	3	Nil
Colony count per ml on yeast extract agar after 2 days at 37°C	*1	3	Nil
Number of samples collected for Bacteriological analysis during the period			48
Number of samples showing No Presumptive coliform reactions per 100 mls			48
Number of samples showing No reaction for E. coli per 100 mls			48

The Corporation still has the duty of ensuring that the drinking water supply of the town is adequate in quality and quantity. Routine sampling of drinking water from various points in the Borough is carried out by Health Inspectors.

During the year, 84 samples were obtained; 80 of these were satisfactory and 4 were unsatisfactory. In the cases of unsatisfactory samples, immediate notification was given to the Water Board and prompt remedial action was taken by them. Subsequent samples from the same points invariably proved satisfactory.

Swimming Baths

There are 12 swimming baths in the area. Of these, 6 are baths open to the public and 6 are at schools and similar establishments.

Chlorination plant exists at each of these baths. A system of routine inspection of the baths and sampling of the bath water is operated by the Health Inspectors.

During the year, 357 samples were taken. 354 of these were satisfactory and 3 unsatisfactory.

Conditions at one of the school baths were not considered by the Department to be entirely satisfactory and discussions were in progress with the Education Authority at the end of the year.

Radioactivity in Rainfall

Steps were taken to collect representative samples of rainfall over each quarter of the year and these were submitted to the Public Analyst for the assessment of the level of radioactivity in the area. The following reports were received :—

Radioactivity of rainwater in micro-micro curies per litre, expressed as Strontium 90	
January, February March	17.2
April, May, June	26.8
July, August, September	24.1
October, November, December	23.7

Inspection of Food

The total weight of foodstuffs condemned, other than meat, was 28 tons 8 cwts 11 lbs. This can be classified as follows :—

	Tons	Cwts	Lbs
Canned Foods	17	—	66
Frozen Foods	2	16	32
Fruit and Vegetables	—	3	27
Fish	3	16	79
Cooked Meats	—	7	59
Other Foods	4	3	84

Hygiene of Food Premises

Subject to Registration	Recorded in Department	Inspections
Fried Fish Shops	178	318
Ice Cream Producers	8	102
Ice Cream Dealers	1,107	1,865
Preserved Food Preparation	289	468
Not Subject to Registration		
Bakehouses	89	178
Catering Establishments	238	1,057
Retail Food Shops	1,313	2,775
Market Stalls	108	804
Other Food Premises	692	1,989

Provision of Wash Hand Basins and Sinks in Food Premises

Type of Premises	No. subject to Reg. 16	No. complying with Reg. 16	No. subject to Reg. 19	No. complying with Reg. 19
Fried Fish Shops	178	178	178	178
Ice Cream Producers	8	8	8	8
Preserved Food				
Preparation Premises	289	289	289	289
Bakehouses	89	89	89	89
Catering Establishments	238	238	238	238
Licensed Premises	566	560	566	566
Retail Food Shops	1,313	1,306	1,272	1,243
Other Food Premises	692	681	692	673
Market Stalls	50	50	—	—

Contraventions Found

Informal Action

Unsatisfactory conditions were found on 712 visits paid to the food premises previously enumerated. The following contraventions were remedied during the year :—

Absence of adequate personal washing facilities	134
Absence of adequate equipment washing facilities	63
Absence of storage facilities for outdoor clothing	25
Disrepair of walls, floors or ceilings	200
Defective equipment and/or fittings	146
Inadequate refuse storage facilities	42
Inadequate lighting or ventilation	67
Inadequate protection of food against contamination	41
Lack of cleanliness of walls, floors or ceilings	264
Lack of cleanliness of equipment	148
Unsatisfactory sanitary accommodation	61
Unsatisfactory food handling methods	20
Other contraventions	214

Formal Action	No. of Prosecutions	No. Successful
Concerning		
Foreign objects in food	9	9
Contamination or unsound food	10	10

Food, Drugs and Dairies Division

The above Division is responsible for the sampling of food and drugs for chemical analysis and bacteriological examination, supervision of dairies, milk processing plants and premises used for the manufacture of ice-cream and the organisation of courses for food handlers. The Division is also responsible for the enforcement of the Rag Flock and Other Filling Materials Act and the Fertilisers and Feeding Stuffs Act.

Food and Drugs Sampling

Chemical Analysis

During the year 823 samples were procured. 113 informal samples of milk were tested in the Department and found to be genuine. The remaining 710 samples were submitted to the Public Analyst, who reported upon 117 as being non-genuine. Details are given in the tables below :—

(i)	Number of Samples		Non-Genuine Reports		Legal Proceedings Instituted	Total Number Convictions Secured
	Formal	Informal	Analysis	Labelling		
Foods	13	757	49	63	5	5
Drugs	—	53	—	5	—	—

(ii) Details of Non-Genuine Samples

Asprin—incorrectly labelled	1
Barley Kernals—with false claims on label	1
Beefburgers and Hamburgers—deficient in meat content	5
Beetroot—incorrectly labelled	1
Buttered Bread, Scones and/or Teacakes—spread with margarine	6
Caffeine—Fresh Health Drinks—with false claims on labels	2
Canned Meat Products—deficient in meat content	3
Cherries—incorrectly labelled	1
Complexion Tablets—with false claims on label	1
Curry Paste—incorrectly labelled	1
Dried Homogenised Milk—fat found to be rancid	1
Fish Cakes—deficient in fish content	3
Flavouring Sauce—incorrectly labelled	1
Food Colours—incorrectly labelled	3
Fruit Pies—deficient in fruit content	1
Heading Liquid (Home Winemaking)—found to contain preservative, which is not permitted	2
High Protein Bread—incorrectly labelled	1
Ice Cream—deficient in fat content	1

Lemon Curd —incorrectly labelled	1
Marmalade —incorrectly labelled and/or with false claims on label	2
Meat Pies —deficient in meat content and/or incorrectly labelled	10
Mouth and Throat Antiseptic —with false claims on label	1
Pickled Onions —incorrectly labelled	1
Potato chips —with preservative in excess of the permitted proportion	5
Potted Meat —deficient in meat content	6
Rice Powder —incorrectly labelled	1
Sausages —deficient in meat content	2
Sausages —with no declaration as to the presence of preservative	43
Soft Drinks —deficient in fruit juice and/or incorrectly labelled	5
Stomach Powder —incorrectly labelled	1
Wine Finings (Home Winemaking) —found to contain preservative, which is not permitted	3
Yellow Mixture (Coughs and Colds) —with false claims on label	1

Total 117

Close attention has continued to be given to the sampling of foods which are manufactured in Teesside to ensure, as far as possible, that when locally produced foods are sampled in other areas they will be found to be genuine.

Informal sampling results in the early months of the year showed that several proprietors of cafes and snack bars seemed to be unaware of the legal requirements regarding the sale of bread and butter, buttered teacakes and buttered scones (it was found that margarine was being substituted) so an advisory bulletin reminding traders of their legal obligation was issued.

In May 1969, new Regulations came into operation which introduced standards for meat content and for labelling of sausages and a large variety of other meat products and a food hygiene bulletin giving advice on the requirements of this new legislation was sent to all manufacturers. A comprehensive sampling programme of all such products manufactured in Teesside was then commenced and was almost completed at the end of the year.

Regarding the samples reported by the Public Analyst as being incorrectly or falsely labelled, these contraventions have been taken up with the manufacturers and packers and at the end of the year the majority had submitted amended labels for our approval.

Bacteriological Examination

(1) Milk

A total of 484 samples (including 56 school drinking milks) were submitted to the Public Health Laboratory.

Three samples of pasteurised milk showed results that the milk had not been properly pasteurised. Mechanical faults were found at the two dairies concerned and immediately remedied.

There are 6 dairies within Teesside where milk is pasteurised and bottled and during the year one firm moved to new premises where new pasteurising, bottle filling and washing plants were provided. This represented a very substantial improvement.

Untreated (raw) farm bottled milk continues to be sold in the County Borough with the consequent risk of contracting brucellosis. Each source of this type of milk sold on Teesside is sampled weekly, and it is pleasing to report that all 165 samples procured proved to be free from brucella infection.

Untreated Milk

Brucella Abortus (Ring Test)

Number of samples submitted	165
Number of samples negative	159
Number of samples positive	6

Brucella Abortus (Biological Test)

Number of samples submitted	6
Number of samples negative	6

Methylene Blue Test

Number of samples submitted	166
Number satisfactory	130
Number unsatisfactory	36

Heat Treated Milks

Pasteurised Milk

Phosphatase Test

Number of samples submitted	267
Number of samples satisfactory	264
Number of samples unsatisfactory	3

Methylene Blue Test

Number of samples submitted	267
Number of samples satisfactory	246
Number of samples unsatisfactory	21

Sterilised Milk

Turbidity Test

Number of samples submitted	47
Number of samples satisfactory	47

Ultra Heat Treated Milk

Colony Count Test

Number of samples submitted	2
Number of samples satisfactory	2

Rinse Samples

Milk Bottles

Number of samples submitted	50
Number of samples satisfactory	36
Number of samples unsatisfactory	14

(2) Ice-Cream

(There are 6 registered manufacturers within Teesside)

Methylene Blue Test

Grade	Mobiles				Premises			
	I	II	III	IV	I	II	III	IV
Soft Ice-Cream	19	2	1	3	57	5	10	5
Other Ice-Cream	—	—	—	—	14	—	—	—

Grades I and II are considered satisfactory
Grades III and IV are considered unsatisfactory

(3) Other Foods

Sample	No. Taken	No. Unsatisfactory
Boneless Beef	2	—
Dessicated Coconut	4	—
Egg Glaze	1	—
Flour Confectionery	13	2
Fresh Cream	20	6
Liquid Egg	11	—
Meat Pies	28	6
Synthetic Cream	2	—
Yogurt	6	—

Rag Flock and Other Filling Materials Act, 1951

Number of premises registered	7
Number of samples submitted	14
Number of formal samples submitted	—
Number of informal samples submitted	14
Number of samples not conforming to standard	—

Fertilisers and Feeding Stuffs Act, 1926

Number of samples submitted	46
Number of formal samples submitted	—
Number of informal samples submitted	46
Number of samples conforming to declaration	33
Number of samples not conforming to declaration	13

Details of samples not conforming

Four samples of fertiliser (bone meal) from one local manufacturer, with a greater percentage of phosphoric acid than the amount stated. The figures on the statutory statement have been amended by the manufacturer.

Four samples of feeding stuffs (pig finishing meal, sow and weaner meal, layers mash and deep litter mash) from one local manufacturer, with a greater percentage of protein than the amount stated. The manufacturer was informed and satisfactory follow-up samples procured.

Two samples of fertiliser (lawn conditioner) from the same manufacturer (outside Teesside) procured from two vendors, with the percentage of nitrogen, phosphoric

acid and potash outside the permitted limits of variation. It was ascertained that the manufacturing firm had been sold in 1965 and therefore this fertiliser had probably been produced in that year. The vendors withdrew the remainder of their stocks from sale.

One sample of fertiliser (soluble blood) with the statutory statement not considered to be legibly marked on the package. This has been rectified by the manufacturer (outside Teesside).

One sample of fertiliser (vegetable and lawn) with the percentage of nitrogen less than the amount stated and outside the permitted limits of variation. The sample was found to be the last of the vendor's stock and a further supply was not expected until 1970. The manufacturer (outside Teesside) was informed and at the same time a sample of another of their range of fertilisers was procured. This was satisfactory.

One sample of feeding stuff (chick growers mash) from a local manufacturer, in which a declared coccidiostat was found to be absent. The manufacturer was informed and a satisfactory follow-up sample procured.

Food Hygiene Courses

The programme of food hygiene lectures for food handlers commenced in 1968 continued during the year. The course consists of two lectures followed by a simple oral examination, and those successful are awarded the Clean Food Handling Certificate of the St. John Ambulance Association.

Number of Courses held	16
Number of Candidates	235

Meat Inspection Division

The Meat Inspection Division of the Department comprises one Senior Health Inspector, two District Health Inspectors, seven Authorised Meat Inspectors and a Technical Assistant—Diseases of Animals Act Inspector. It has as its main responsibility the task of ensuring that all carcase meat produced for human consumption within the Authority is free from disease and prepared under proper standards of hygiene.

The carrying out of this primary function is controlled by legislation and the main regulations administered by the Division for this purpose are The Meat Inspection Regulations, 1963 and 1966, The Slaughterhouses (Hygiene) Regulations, 1958 and 1966 and the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958.

The administration of the Local Authority functions of the Diseases of Animals Act, 1950 and the many orders and regulations made under this Act is also the responsibility of the Meat Inspection Division. The purpose of this Act and its orders and regulations which appertain to the live animal is to minimise the risk of spread of notifiable disease in animals. This Act and its orders covers the

movement, transport and importation of animals and in addition covers, where necessary, the disposal of certain infected carcasses with the subsequent cleansing and disinfection procedures which may be required.

The Division, because of its contact with agricultural holdings, is also responsible for administering certain provisions of the Agriculture (Safety, Health and Welfare) Act, 1956.

The Meat Inspection Regulations, 1963-1966

These Regulations lay down in detail the methods of meat inspection procedure and give the Local Authority a statutory duty to ensure that every animal slaughtered for human food at abattoirs within its district is inspected and certified as fit for human consumption. Each carcase, which must be examined in detail, is required by these Regulations to be stamped with the Local Authority mark when certified as fit and cannot in fact be moved from the abattoir until so stamped. This fact is accepted by the Department and to ensure that at no time are meat supplies held up inspectors are always on duty at abattoirs when meat production is taking place.

The slaughtering of animals for meat for human consumption is carried out at eight abattoirs within the district, four premises of which are large enough to require personnel to be employed on a full-time basis. At the remaining four smaller abattoirs visits by meat inspection personnel are made as often as required at the request of the occupiers. These premises are situated one each at Billingham, Lazenby, Redcar and Thornaby and are operated by private butchers for the slaughter of their own stock for sale in their own retail shops.

The four larger abattoirs which operate within the Authority are situated as follows :—

Cargo Fleet Lane, Middlesbrough	—	Messrs. W. Devis & Sons Ltd. (British Beef Ltd.)
West Side, Marton, Middlesbrough	—	The Tees-side Wholesale Meat Co. Ltd.
Cattle Market, Yarm Road, Stockton	—	The Stockton Butchers' Slaughtering Co. Ltd.
California Street, Stockton	—	The Stockton Co-operative Society Ltd.

Throughput of animals slaughtered at abattoirs within the Authority during the year increased to over a quarter of a million and the fact that every carcase produced was inspected gives some idea of the task of the Division. The increase in throughput is attributed to increased production at the modern factory abattoir of Messrs W. Devis & Sons Ltd. now that many of the problems encountered in a newly opened premises have been overcome. This abattoir is now in its second year of production with phase two of its development, a bacon curing cellar having come into operation during this year. A further increase in throughput of pigs for bacon production on the premises is now envisaged.

The Slaughterhouses (Hygiene) Regulations, 1958-1966

All the abattoirs within the Authority are subject to constant supervision to maintain them up to the standards of hygiene required by these Regulations. The Department is always seeking ways and means to improve processes in order that the end product is of the highest standard. During the year stress has been placed on personal hygiene and towards this end all personnel engaged on meat production in the various abattoirs have been issued with a special hygiene bulletin explaining the relevant points of the regulations.

The pattern of checking standards of cleanliness by routine bacteriological swabbing of equipment and working surfaces commenced last year has again been followed with quite satisfactory results. Regular swabbing of sewers containing abattoir wastes has again continued on a three monthly basis with, once more, quite satisfactory results.

The Slaughter of Animals Act, 1958

Under the provisions of this Act slaughtermen are licensed to show they are competent in the use of stunning instruments to ensure that all animals are slaughtered as humanely as possible. The number of slaughtermen on the register who hold a full slaughtering licence is 76, whilst 14 others, mainly apprentices and improvers, hold provisional licences which allow them to slaughter under supervision for a probationary period.

The Slaughter of Animals (Prevention of Cruelty) Regulations, 1958

These regulations implemented by the Division are mainly concerned with the welfare of stock awaiting slaughter and include oversight of watering and feeding arrangements. Minor alterations completed this year in three of the larger abattoirs have ensured that no sight of slaughter of one animal by another can now take place. Under these Regulations some control can also be exercised over persons unloading livestock from vehicles provided that it is within the abattoir premises, to ensure that the methods adopted are such that no unnecessary pain or suffering to animals is caused.

Meat Inspection Statistics

The following tables give a statistical record of the work of the Division, including details and categories of the carcasses inspected, together with details of some of the specific diseases and conditions for which carcasses and offal were rejected.

The Meat Inspection Regulations, 1963 permit Local Authorities to charge for meat inspection services and the Council levy the maximum charges permitted, namely :—

Cattle	2s 6d per head
Pigs and Calves	9d per head
Sheep	6d per head

The total amount levied by the Council for the year ended 27th December, 1969 was £11,196 3s 6d.

Table 1

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Sows and Boars	Goats
Animals Slaughtered	26,197	2,387	297	82,465	145,784	2,477	6
Animals Inspected	26,197	2,387	297	82,465	145,784	2,477	6
Affected Carcasses All diseases or abnormal conditions other than Tuberculosis or Cysticercosis							
Whole carcasses condemned	15	37	23	285	367	35	—
Part carcasses or organs condemned	14,136	1,329	14	20,440	63,687	484	—
Percentage numbers inspected found affected	54.02	57.23	12.46	25.13	43.94	20.95	—
Affected Carcasses Tuberculosis only *							
Whole carcasses condemned	1	3	1	—	14	—	—
Part carcasses or organs condemned	40	45	12	—	3,647	80	—
Percentage numbers inspected found affected	0.157	2.01	4.377	—	2.511	3.23	—
Affected Carcasses Cysticercosis only							
Whole carcasses condemned	1	—	—	—	—	—	—
Part carcasses or organs condemned	117	3	—	57	—	—	—
Carcasses treated by refrigeration	117	3	—	—	—	—	—
Percentage numbers inspected found affected	0.45	0.126	—	0.069	—	—	—

The total number of animals slaughtered and inspected was 259,613 and of this 104,873 or 40.396% were found to be affected with some disease or abnormal condition.

* Attention is drawn to the comments regarding Tuberculosis later in the report.

Table 2

Disease	Cattle excl. Cows	Cows	Calves	Sheep	Pigs	Sows
Abscesses	—	—	—	6	70	11
Anaemia	—	—	—	1	1	—
Arthritis	—	—	—	3	84	—
Bleeding—Imperfect	—	1	1	5	6	—
Bruising	1	1	—	3	2	—
Decomposition	—	—	—	2	2	—
Emaciation and Oedema	4	21	4	223	26	6
Enteritis	—	1	1	—	6	—
Fever—Acute	1	2	—	9	20	1
Icterus	—	—	—	1	5	—
Immaturity	—	—	5	—	—	—
Machine Damaged	—	—	—	—	5	—
Mastitis	—	3	—	—	—	—
Meningitis	—	—	1	—	—	—
Metritis	—	1	—	3	—	2
Natural Death	—	—	—	9	11	—
Odour (Abnormal)	1	1	—	2	1	—
Parasites						
Cysticercus Bovis	1	—	—	—	—	—
Pericarditis	1	—	—	—	3	1
Peritonitis	2	1	—	1	13	1
Pleurisy	—	—	—	1	14	1
Pneumonia	2	—	4	5	9	2
Pyæmia	—	2	5	2	26	6
Septicaemia	3	3	1	3	51	—
Swine Erysipelas	—	—	—	—	9	2
Trauma	—	—	—	1	1	1
Tuberculosis	1	3	1	—	14	—
Tumours	—	—	—	1	1	1
Toxaemia	—	—	1	4	1	—
Totals	17	40	24	285	381	35

Table 3 Summary of Weights of all Meat and Offal Condemned, with their Disease Classification

Disease	Cattle		Cows		Calves		Sheep		Pigs	
	Beef	Offal	Beef	Offal	Veal	Offal	Mutton	Offal	Pork	Offal
	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
Abnormal Odour	400	40	635	83	—	—	89	22	85	10
Abscesses	571	23,127	—	1,694	—	—	525	1,026	18,246	4,181
Actinomycosis	—	959	—	45	—	—	—	—	97	—
Actinobacillosis	—	1,006	—	38	—	—	—	—	—	—
Anaemia	—	—	—	—	—	—	36	18	198	25
Arthritis	70	130	—	—	—	—	375	69	15,706	1,197
Blood Aspiration	—	70	—	15	—	—	—	221	—	6,586
Blood Splashing	94	10	—	—	—	—	104	405	62	16
Brucellosis	—	—	—	360	—	—	—	—	—	—
Bruising	1,109	257	1,337	50	4	—	302	21	1,091	72
Carcinoma	—	—	—	—	—	—	40	18	—	—
Cirrhosis	—	48	—	—	—	—	—	—	—	27
Congestion	—	169	—	68	—	—	—	398	—	3,344
Contamination	5	1,685	—	116	—	10	—	542	130	2,698
Decomposition	135	10	—	—	—	—	111	12	79	811
Emaciation	1,552	330	6,698	1,076	—	—	3,068	875	2,126	372
Emphysema	—	34	—	150	—	—	—	—	—	—
Enteritis	—	196	521	164	25	10	—	32	621	664
Fever—Acute	250	50	800	152	—	—	354	71	3,051	356
Food Aspiration	—	1,707	—	72	—	—	—	31	—	40
Icterus	—	—	—	—	—	—	40	10	341	39
Immaturity	—	—	—	—	152	40	—	—	—	—
Imperfect Bleeding	—	—	500	50	30	10	143	25	637	90
Inflammation	—	421	—	77	—	—	—	927	127	23,605
Jaundice	—	—	—	—	—	—	40	10	94	15
Johnes Disease	—	18	—	—	—	—	—	—	—	—
Leukaemia	—	—	—	—	—	—	—	—	139	13
Machine Damage	—	—	—	—	—	—	—	—	672	43
Mastitis	—	—	2,152	2,776	—	—	136	35	50	—
Melanosis	8	268	—	22	—	—	—	—	—	—
Meningitis	—	—	—	—	30	5	—	—	—	—
Metritis	—	—	—	20	—	—	81	25	603	35
Miscellaneous	—	—	—	—	—	—	—	—	—	—
Conditions	—	27	—	5	—	—	16	2	76	23
Moribund	—	—	—	—	—	—	303	50	4,465	10
Natural Death	—	—	—	—	—	—	288	—	7,632	—
Nephritis	—	3	7	15	—	—	—	—	—	4
Oedema	170	—	1,490	234	152	25	4,990	1,427	1,114	195
Osteochondromatosis	—	—	—	—	—	—	—	—	25	—
Parasites—	—	—	—	—	—	—	—	—	—	—
Ascaris	—	—	—	—	—	—	—	—	—	33,099
C. Bovis	631	8,880	—	64	—	—	—	—	—	—
C. Ovis	—	—	—	—	—	—	—	57	—	—
Echinococcus	—	16	—	24	—	—	—	199	—	1
Fluke	—	101,338	—	8,108	—	—	—	24,767	—	5
Pentastomes	—	416	—	—	—	—	—	—	—	—
Unclassified	—	650	—	77	—	—	—	10,918	—	19
Pericarditis	—	1,127	—	5	—	—	—	81	641	1,448
Peritonitis	350	2,497	350	329	—	—	61	253	1,770	28,369
Pleurisy	—	9,257	—	240	—	2	59	218	1,882	1,875
Pneumonia	1,285	3,160	—	125	480	70	206	3,052	1,044	41,520
Pyæmia	—	—	930	80	262	55	90	28	4,704	575
Septicaemia	1,910	290	950	112	60	10	171	48	4,972	627
Skin Abnormality	—	—	—	—	—	—	—	—	2,419	—
Spoiled	—	—	—	—	—	—	—	—	140	13
Swine Erysipelas	—	—	—	—	—	—	—	—	1,734	177
Telangiectasis	—	618	—	2,554	—	—	—	—	—	—
Toxaemia	—	—	—	—	90	10	237	46	514	66
Trauma	330	156	412	52	12	—	307	14	3,768	519
Tuberculosis	660	1,078	1,820	1,661	109	192	—	—	33,380	14,432
Tumours	—	6	—	52	—	—	50	12	446	39
Urticaria	—	—	—	—	—	—	—	—	219	—
Water Aspiration	—	10	—	—	—	—	—	—	—	88

The total amount of carcase meat and offal rejected as unfit for human consumption at the time of inspection was 246 tons 4 cwts. 1 qtr. 3 lbs. with a further 4 tons 17 cwts. 96 lbs. rejected at Meat Depots within the Authority, mostly for decomposition.

Diseases

Tuberculosis

Attention is drawn to the incidence rate of bovine tuberculosis which, particularly in the case of cows and calves, is somewhat high and is explained by the fact that one of the abattoirs in the area is used by the Ministry as a reception centre for reactor animals sent in for slaughter under The Tuberculosis Order, 1964. During this year excessive numbers were sent in because of a herd breakdown which occurred locally and of the 104 animals involved, 56 carcasses on inspection were found to show visible lesions of tuberculosis.

The remaining 41 cases of bovine tuberculosis recorded were detected during normal routine inspection procedure and in all cases notification of such details as ear tag numbers, breed, colour and where possible, the name of the supplier was made to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food. Information such as this assists the Ministry Veterinary Officers in their endeavours to trace the herd from which each affected animal was derived.

In all the cases detected specimens of the tubercular lesions were submitted to the Veterinary Investigation Centre of the Animal Health Division of the Ministry for laboratory examination.

Tuberculosis in pigs, generally attributed to the avian strain of the disease, was at 2.511%, a favourable decrease from the 3.05% recorded last year, especially as the throughput was substantially increased. Tubercular lesions, as usual, were mostly confined to glands of the head and intestine, indicating infection by ingestion resulting in condemnation of these items on a fairly substantial scale. This disease in pigs has always been accepted as of little consequence and yet the rejection of something like fifteen tons of pork, mostly in the form of pig heads is, from an economic point of view more than noticeable.

Brucellosis

Under the Brucellosis (Accredited Herds) Scheme, animals which show a positive reaction to the official Brucella blood test are sent in for slaughter under licence issued by the Ministry of Agriculture, Fisheries and Food. During the period covered by this report 37 bovine animals were directed under the provisions of this scheme to abattoirs within the Authority.

Cysticercus Bovis

The incidence rate of 0.45% of this parasitic affection of bovines, of importance because of being transmissible to man, was 0.13% lower than last year with again a greater throughput of animals inspected. One reason for this quite substantial fall can possibly be associated with the quite noticeable reduction of imported cattle being slaughtered within the Authority. Over 70% of the cases

recorded in 1968 were detected in imported cattle and in 1969 this figure fell to 63%. The recommendations given in the Ministry Circular F.S.H. 30/66 have been accepted as a guide by this Authority in the judgement of this particular affection, this advice being given to clarify the provisions regarding this subject in the Meat Inspection Regulations, 1963.

Other Diseases

Once again, the incidence of other diseases and abnormal conditions seems to follow a similar pattern to previous years with the economic losses due to parasites, the liver fluke in cattle and sheep and the roundworm *Ascaris* of the pig, being again rather high. Fascioliasis or Liver Fluke disease is the most common parasitic condition encountered by meat inspection personnel in British abattoirs and it is believed that livers worth more than one million pounds are condemned each year from this cause.

The percentage incidence of disease in pigs remains fairly static with again a high proportion of localised lesions of pneumonia being observed. Tail biting in pigs is still prevalent, it being accepted that intensive rearing methods in confined quarters lead to this habit. Arthritis in a septicaemic form is becoming more and more prevalent and a large number of pigs were rejected for this condition. The possibility in some of these cases that a past infection of swine erysipelas was the causative agent must not be overlooked. In sheep the number of carcasses rejected for emaciation and oedema represents the usual condemnation incidence rate for the number of animals which have served their useful purpose for breeding and then sent in for slaughter.

Emergency Slaughter

The majority of animals sent in for emergency slaughter in this area tend to go to one abattoir in particular, principally because the majority of their throughput comes from local farms. The management of these premises has an arrangement whereby all such animals consigned to them because of a disease affection or similar condition must be accompanied by a veterinary practitioner's certificate and this procedure has proved to have been most helpful to the meat inspection personnel. During the period covered by this report some 44 of these so-called "casualties" were slaughtered at this one abattoir with 13 of the carcasses being subsequently rejected as unfit for human consumption.

Condemned Meat

Strict control was again exercised over the disposal of unfit meat and offal from the abattoirs within the County Borough, the majority of the meat being transported in suitable locked containers to processors in other districts in accordance with the provisions of The Meat (Staining and Sterilisation) Regulations, 1960 which were superceded on the 1st November, 1969 by The Meat (Sterilisation) Regulations, 1969. A local arrangement whereby all carcase meat is stained prior to removal with receipts for each unfit carcase being despatched by the processor to the Department as soon as the meat reaches its destination, remained in operation.

The introduction of this new legislation also brought some welcome control over the sale of raw meat from pet shops and ensured that any meat from a knacker's

yard must be sterilised before sale. Formerly the sale in pet shops of raw meat, possibly from diseased animals, constituted a definite health hazard. This danger should now have been averted with the implementation of these new regulations and regular visits are now made to pet shops for this purpose.

Distribution and Transport of Meat

The transport of carcase meat is governed by the appropriate provisions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 which lay down certain very minimal standards and constant supervision is required to ensure that even this standard is achieved. The practise of stacking quarters of freshly killed meat on the floors of vehicles is still permitted with the problem of how to load and unload without soiling the meat still unsolved. A similar problem remains unsolved as to how to control the itinerant carrier, who, because of only transporting meat from time to time is practically exempt from the Regulations. The number of vehicles checked under the provisions of the Regulations during the year was 246.

Regular visits and inspections were also made to the meat depots associated with the distribution of meat from the abattoirs within the Authority and on the whole these were found to be satisfactorily maintained.

Poultry Processing Establishments

Although there are no poultry processing establishments situated within the County Borough, control by spot checks is exercised over some of the retail shops and market stalls where fresh poultry is eviscerated and prepared for sale. The quality generally of the poultry inspected has been of a high standard.

Ministry Veterinary Officers

Acknowledgement is made to the co-operation received from the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food and his staff during the year and we would express how we value the good relations which exist between the Ministry Veterinary Officers and the Division.

Diseases of Animals Act

The appointment of a Technical Assistant Diseases of Animals Act Inspector at the commencement of the year meant that a concentrated effort could now be made to record and collate information regarding the numbers and types of premises within the Authority where livestock was kept. Records thus prepared show that at some 200 allotments and 65 farms within the County Borough the animal population rises, according to the time of the year, to something like 3,000 head of cattle, 4,000 sheep, 3,000 pigs and up to 15,000 head of poultry. Statistics regarding the visits made to such premises under the provisions of the many orders and regulations made under The Diseases of Animals Act, 1950 are as follows.

The Movement of Animals (Records) Order, 1960-61

A total of 326 visits were made under this Order which governs the recording of movement of livestock from place to place necessary if the tracing of movement of diseased animals is required.

The Diseases of Animals (Waste Foods) Order, 1957

This Order governs the disposal of waste food from canteens and restaurants, etc. intended for use for feeding of pigs. Waste food must be boiled prior to the use for this purpose and boiling plants used must be licensed by the Local Authority. 294 visits were made under the provisions of this Order and 49 new licences issued.

The Regulation of Movement of Swine Order, 1959

This Regulation governs the movement of pigs sold at markets under licences issued by The Diseases of Animals Act Authority. The records of movements of such animals are required should it be necessary to trace diseased stock.

(a) Swine Movement Licences issued at Stockton Cattle Market

1. To abattoirs within the County Borough	198
2. To other premises (i.e. allotments) within the County Borough	11
3. To premises outside the County Borough	190
Total	399

(b) Swine Movement Licences received for attention from other Authorities

1. To abattoirs within the County Borough	492
2. To other premises within the County Borough	130
Total	622

Under the provisions of this Order 347 visits were made to premises to check movement of stock under such licences.

The Importation of Cattle Orders

These Orders control the movement of imported cattle into the country. 62 visits were made under the provisions of these Orders. No movement licences were issued, but 106 licences were received for attention from other Authorities.

The Importation of Dogs and Cats Order, 1928

Seven visits were made to ships in the port under the provisions of this Order which deals with certain restrictions regarding the control of cats and dogs on board ships.

Stockton Cattle Market

The sale of livestock from the above market is held weekly and control is exercised by the Department in the issue of licences for the movement of pigs. Oversight regarding cruelty is maintained and under the provisions of The Markets (Protection of Animals) Order, 1964, five warning letters were sent during 1969. One warning letter was also sent under the provisions of the Transit of Animals (Amendment) Order, 1931 regarding unnecessary suffering caused to animals during transport.

Notifiable Diseases

Foot and Mouth Disease

No further outbreaks of this disease have occurred in this country since the 1967-1968 outbreak.

Fowl Pest

No outbreaks recorded.

Anthrax

No cases recorded. In all cases of animals which have died either in transit or in abattoir lairages, reports are made to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food and as a precautionary measure each animal is checked for anthrax prior to disposal of the carcase.

Swine Fever

One case of suspected swine fever occurred at Newport Allotments, Middlesbrough, in May 1969 and on the instructions of the Divisional Veterinary Officer the appropriate restrictions were imposed. Some 21 visits were made in all to the various premises under the provisions of The Swine Fever Order, 1963. The presence of the disease was not confirmed and restrictions were lifted one week later.

Rabies

One suspected case occurred in November 1969 when a dog was reported to have died under suspicious circumstances. In co-operation with the Police and the Ministry Veterinary Officer the appropriate action was taken, but fortunately the presence of the disease was not confirmed.

Remarks

The year has seen a further advance in the build-up of specialised knowledge regarding the interpretation and implementation of the many orders and regulations, both new and existing, made under the Diseases of Animals Act legislation which was taken over from the local Police Authority in 1968. With this knowledge the Department has been able to give specialised advice in several quarters on the interpretation of the legislation and continues to be available for this purpose.

The Agriculture (Safety, Health and Welfare Provisions) Act, 1956

This Act makes it the duty of the Local Authority to ensure that there is adequate sanitary accommodation available at all agricultural premises where persons are employed. From time to time the Ministry of Agriculture, Fisheries and Food call for reports of action taken by Local Authorities under this Act and on their request a report on this subject was submitted to them in November 1969. The last report requested by them prior to this was in 1960.

The number of visits made for this purpose was 77.

This particular Act is administered by The Meat Inspection Division because of the close contact already established with occupiers of farms and agricultural holdings under The Diseases of Animals Act legislation.

Air Pollution Division

The work of the Division continued on the four basic tasks detailed in the previous annual report, but it became clear that a broader approach was necessary in an Authority as large as Teesside County Borough.

Rapidly expanding industry in the Borough indicated the need for co-ordination of air pollution control with other planning criteria, not only in dealing with proposed new plant in respect of siting and emission control, but also in the preparation of a detailed Urban Structure Plan.

Closer liaison has therefore been well established with the Department of Planning and Development, who seek our views on such matters, and with the assistance and advice of the District Alkali Inspector, whose co-operation is invaluable, we are able to ensure not only that new plant is equipped to give a satisfactory level of emission, but that the siting is also suitable having regard to the effects of any such emission on the adjoining area.

Effective co-operation has also been established with other departments in connection with new and existing fuel burning plants in buildings under the control of the local authority, thus assisting the department in ensuring that installation, maintenance and operation of such equipment is in compliance with the Clean Air Acts and that chimney heights are established which give acceptable ground level concentrations of SO_2 .

This co-operation is especially important in connection with equipment installed or proposed in smoke control areas, new town centre developments, etc. where the highest standards are of paramount importance.

Domestic Smoke Control

Work on the 5-year smoke control programme continued throughout the year in spite of the growing clouds of uncertainty in connection with the supplies of solid smokeless fuels.

The Council were of the opinion that provided satisfactory assurances on supplies were forthcoming from the appropriate sources, smoke control should continue as part of their general efforts to improve the environment within the County Borough, the result of which would be to the ultimate benefit of all.

In the event, at the request of the Solid Smokeless Fuels Federation, suggested operative dates for two orders made by the Council were put back to May and June of 1971 to avoid the shortage of solid smokeless fuel supplies which might arise during the winter of 1970-71.

The system developed for inspections, preparation of smoke control orders and ultimate assessment and payment of grants has continued to operate satisfactorily throughout the year.

Objections to the Teesside No. 4 Order resulted in a Public Enquiry being held, the Order however being subsequently confirmed.

In addition to work carried out on existing smoke control areas, three further areas were surveyed and Orders made in respect of two of them covering some 2,317 properties and 3,880 acres.

Some 5,936 visits of inspection were made in connection with Smoke Control during the year and some £26,843 was paid out in respect of 719 houses.

Air Pollution from industrial sources

The survey of industrial plant continued throughout the period under review, although an officer mainly concerned with this work left to join an industrial undertaking in the latter part of the year.

As a result of such visits, several improvements to existing plant to minimise emissions were carried out and some examples are as follows :—

Fitting of new burner jets, overhaul of oil preheaters and re-lagging on 4 large oil fired boiler plants resulted in improved combustion conditions and elimination of smoke problems.

Modifications carried out to a wet arrestor fitted to a cupola to improve performance.

Wet arrestor fitted to a cold blast cupola.

Sludge entrainment in oil fired boiler plant discovered as cause of dark smoke emission.

New tuyeres and feed worms fitted to three underfeed stokers on boiler plants.

Some 574 timed observations were taken of smoke emitted from industrial chimneys. On a number of occasions it was found that the amount of dark smoke or black smoke emitted exceeded the amount allowed by The Dark Smoke (Permitted Periods) Regulations and 36 written warnings were issued during the year.

On 16 occasions, smoke nuisances were found to be occurring from the burning of industrial and commercial wastes in the open air, and warnings were issued in each case.

Forty-four notices of intention to install new furnaces were received during the year. In each case the Department was satisfied that they were capable of being operated satisfactorily as required by Section 3(3) of the Clean Air Act, 1956. 40 applications regarding chimney heights were considered and in all cases either the proposed heights were satisfactory or the height of the stacks were raised or the type of fuel to be used was altered to suit the proposed or existing chimney height by agreement with the proposers without the need to issue formal refusal.

Measurement of Pollution

During the year 40 deposit gauges and 13 daily smoke and SO₂ instruments were in operation, to which 3,582 visits were paid.

The deposit gauge measures the heavier dust, grit, etc. which mainly arises from industrial sources and details of results obtained are tabulated on page 93.

The total insoluble solids recorded in deposit gauges includes a ferric oxide content which in the main is derived from the Iron and Steel Industry emissions.

The daily smoke and SO₂ instruments are used to determine the amount of smoke and sulphur dioxide in measured quantities of air on a daily basis, the results being tabulated on page 92.

The staff of the Division continued to assist the U.K. Atomic Research Establishment staff in their investigation into the "Teesside Mist."

General

The booklet "Clean Air for Teesside" is issued to householders in areas under survey for inclusion in future smoke control areas and a number have been supplied on request to various bodies and individuals interested in the problems of atmospheric pollution within the Borough.

Smoke Filters and Sulphur Dioxide Readings

Microgrammes per Cubic Metre of Air Per Day — Average Values									
Smoke					Sulphur Dioxide				
1969				Average Over 5 Years		1969			
Winter		Summer		Winter	Summer	Winter		Summer	
Billingham Area									
Campus School		36	12	82	24	83	38	86	60
Eston Area									
Clinic, Normanby		122	54	138	46	52	50	*	*
Town Hall		113	45	102	32	137	74	*	*
Albert House Clinic		203	71	*	*	162	80	*	*
Middlesbrough Area									
Health Department		249	54	308	102	171	63	225	108
Acklam Hall School		57	19	64	30	67	40	65	48
St. Alban's Hall		362	67	349	116	191	86	228	99
Park End Clinic		68	18	61	27	93	47	100	57
Iron Master's District		74	16	133	47	96	34	111	48
Redcar Area									
J. E. Batty School		101	46	112	42	*	*	*	*
"Teeswold"		91	46	132	44	82	48	124	70
Mersey Road Garage		120	66	135	60	*	*	*	*
Stockton Area									
Hartburn School		87	24	*	*	99	41	*	*

* Figures not available for these sites

Standard Deposit Gauges

Insoluble Solids — Tons per Square Mile		
Site	Monthly Average over 1969	Monthly Average over 5 years
Billingham Area		
Crawford's Shop	44.65	49.74
Haverton Hill Post Office	15.10	36.94
32 Malvern Road	6.28	5.49
109 Braemar Road	6.34	7.01
26 Cornwall Crescent	12.58	7.19
94 Beamish Road	6.47	9.14
Hostel, Melrose Avenue	5.72	5.11
Campus, Bede Hall	6.63	5.76
13 Harrow Terrace	8.90	11.74
Eston Area		
Cleveland House	16.50	17.32
Lanny's, Grangetown	11.90	14.05
Labour Exchange	29.91	34.44
St. Peter's School	8.35	13.40
Crossbeck Convent	7.32	7.32
Lazenby	6.56	—
Middlesbrough Area		
Stockton Road	5.39	6.84
Cannon Street Gas Works	6.59	11.08
Easterside	6.64	6.86
Harbour Master's Yard	9.80	8.48
South Bank Road	36.57	37.78
Brambles Farm	20.56	12.72
The Gables, Marton Road	8.50	7.45
Acklam Hall School	10.76	7.60
Burlam Road	7.37	5.70
Parkside	7.19	7.96
Redcar Area		
Municipal Buildings	8.80	*
Coatham C.M. School	6.86	*
Kirkleatham	7.74	*
Dormanstown	8.80	8.08
Warrenby	11.89	11.08
Stockton Area		
Quayside Mission	11.51	12.03
Oxbridge Cottage	5.76	5.47
North End Recreation Ground	11.71	11.63
Thornaby Area		
Village Park	4.37	6.50
Health Centre	9.18	8.77

* Figures not available for these sites

Housing Division

This Division, staffed by one Senior Health Inspector, two Health Inspectors and three Technical Assistants, has as its main responsibilities all duties in connection with slum clearance and houses-in-multiple occupation.

Slum Clearance Programme

The implementation of the Council's Slum Clearance Programme continued throughout the year. Details of the areas represented are shown below.

Order	Unfit Houses (Pink Property)	Fit Houses (Grey Property)	Total
Teesside No. 3 (Pennyman Street, North Ormesby) C.P.O.	314	44	358
Teesside No. 4 (Milton Street, Middlesbrough) C.P.O.	140	37	177
Teesside No. 5 (Elizabeth Street, Middlesbrough) C.P.O.	40	5	45
Teesside No. 6 (Headlam Street, Stockton) C.P.O.	160	30	190
Teesside No. 7 (Elm Street, Middlesbrough) C.P.O.	96	18	114
Teesside No. 8 (Fleetham Street, Middlesbrough) C.P.O.	84	13	97
Teesside No. 9 (Pearson Street, Middlesbrough) C.P.O.	40	—	40
Teesside No. 10 (Wood Street, Middlesbrough) C.P.O.	9	—	9
Teesside No. 11 (Beecham Street, South Bank) C.P.O.	214	25	239
Teesside No. 12 (Cowpen Bewley Road, Haverton Hill) C.P.O.	6	—	6
Teesside No. 13 (South Bank Road, Cargo Fleet) C.P.O.	4	1	5
Teesside No. 14 (Derwent Street, Middlesbrough) C.P.O.	102	14	116
Teesside No. 15 (Miles Street, South Bank) C.P.O.	48	1	49
Teesside No. 16 (Hill Street, Middlesbrough) C.P.O.	8	—	8
Teesside No. 17 (Childeray Street, Stockton) C.P.O.	10	—	10
Teesside No. 18 (Melbourne Street, Middlesbrough) C.P.O.	30	—	30
Teesside No. 19 (Prospect Place, Thornaby) C.P.O.	28	1	29
Teesside No. 20 (Darlington Street, Thornaby, Clearance Order)	9	—	9
	1,342	189	1,531

The programme prepared and approved by the Council in 1968 was closely adhered to and by the end of 1969, the representations had been carried out in accordance with the targets put forward in that programme.

The programme provides for a continued emphasis on slum clearance during the years 1970 to 1973 and the following table shows the numbers of houses which it is hoped to represent in each of these years and the areas in which they exist.

Area	1970	1971	1972	1973	Review
Billingham	65	79	—	—	—
Eston	367	327	419	264	41
Middlesbrough	823	691	571	552	959
Redcar	30	—	112	—	32
Stockton	257	219	229	261	195
Thornaby	165	154	157	155	195
Total	1,707	1,470	1,488	1,232	1,422

Housing Act, 1957 — Individual Houses

Section 16 : Sub-Section 4

Number of acceptances of undertakings from owners that property will not be used for human habitation —

Section 17 : Sub-Section 1

Number of houses in respect of which a Closing Order was made 5

Number of houses in respect of which a Demolition Order was made 2

Number of houses demolished as a result of Demolition Order 1

Section 18 : Sub-Section 1

Number of houses affected by Closing of basement rooms —

An examination of the statistics show the energetic way in which slum clearance has been tackled during the year. It is interesting to note that despite the considerably increased rate of progress in the clearance of slums, there has been during the year some criticism that even prompter action was required in some areas. It has been noticeable that in many cases even before the clearance areas are represented, tenants find their own accommodation and leave the area. The vacation of these houses is followed by the activities of vandals who destroy the empty buildings and dump refuse and litter in the area. This has the effect of causing further serious deterioration of already unsatisfactory environmental conditions. Where possible, the Corporation endeavours to acquire the empty houses with a view to demolishing them or making them secure.

It is not always realised what a great deal of inspectional and administrative work has to be done before a clearance area is finally confirmed by the Minister of Housing and Local Government and re-housing takes place. During the year 3,942 inspections and visits were made by officers of the Department in this connection. Keeping pace with the programme has provided the Housing Section of the Department with a real challenge to which they have responded vigorously and successfully.

In the latter part of the year the Housing Act, 1969 came into operation, involving the Department in a further extension of its responsibilities.

The Act provides machinery by which houses at present subject to rent control but which possess the basic amenities and are in a good state of repair can be converted to regulated tenancies. To bring this into effect, owners must obtain a Qualification Certificate from the local authority, which, of necessity, involves the inspection and assessment of the houses. By the end of the year, applications had been received in respect of 700 houses. Qualification Certificates have also to be issued in respect of tenanted houses which are modernised with the help of improvement grants.

The major purpose of the Housing Act, 1969 is to encourage the improvement of areas of houses lacking in modern amenities and environmentally inadequate. By the end of the year, the Department had commenced a comprehensive survey of the whole County Borough to ascertain the areas capable of being dealt with under the Act.

It is a matter of regret that pressure of work in other fields of housing prevented more work being done on the control of houses in multiple occupation. Although the number of such houses in Teesside may not be as large as in other towns of similar size, there is no doubt that the condition of many of those existing here leaves much to be desired.

Houses in Multiple Occupation

A total of 609 inspections were made during the year. There is a registration scheme in operation covering part of the area of the former Middlesbrough County Borough.

During the year, Management Orders were made in respect of 3 premises.

Offices, Shops and Factories Division

The Authority's responsibilities for securing a satisfactory working environment for those workers employed in certain Offices, Shops and Factories, is enforced by the Offices, Shops and Factories Division.

The Division's work is primarily that of enforcing the provisions of the Offices, Shops and Railway Premises Act, 1963, The Factories Act, 1961, The Shops Acts, 1950-1965, The Young Persons (Employment) Act, 1938 and Regulations made under the Acts. These Acts deal with the basic environmental factors which must be observed in order to secure the health and welfare and safety of workers.

Offices, Shops and Railway Premises Act, 1963

The following report was submitted to the Ministry of Labour on the enforcement of the Act during 1969 :—

Introduction

The Offices, Shops and Railway Premises Act, 1963, was introduced as a measure to secure improvement in the working environment of persons employed in those

premises. Since the coming into force of the Act in 1964, further statutory instruments have been introduced specifying in greater detail requirements in connection with washing facilities, sanitary accommodation, first-aid, dangerous machinery, hoists and lifts.

At the end of each year, local authorities are required to publish a report on their enforcement of the Act, and it is in accordance with this requirement the following report is produced.

Experience in the administration of the Act has shown it to be a worth-while measure for securing an improvement in the health, welfare and safety of office and shop workers and for creating an awareness in management that they have a statutory duty to secure improved working conditions. Many are not yet convinced but the improvement seen in some sub-standard premises, and the efforts made to ensure new premises conform to the standards required by the Act are most encouraging.

This year there has been an increase in direct approaches made to the Department by employees and employers for information concerning standards required by the Act. This is most encouraging and indicates that our publicity measures and frequent inspections are creating some awareness that a department exists where first-hand information and help can be obtained.

During 1969, there were approximately 31,239 persons employed in office and shop premises for which the Local Authority has enforcement responsibilities. The Authority regards its responsibilities for securing the health, welfare and safety of these workers as a matter of great importance and has taken every opportunity to ensure that the duty has been adequately discharged. The extent to which these efforts have succeeded may be judged from this report.

Staff

A special Division of the Teesside Health Inspector's Department has the main responsibility for enforcing the provisions of this Act, which they do along with the enforcement of the Shops Acts, 1950-65 and the Factories Act, 1961. The Division is staffed by a Senior Health Inspector, two Health Inspectors and two Shops Inspectors. The work of the Division is supplemented by other District Health Inspectors who enforce the provisions of the Act in certain food premises. These are premises for which the same District Health Inspectors are also responsible for the enforcement of food hygiene requirements and it has been found that the allocation of some of this work to these inspectors is of considerable value. It does mean that we can co-ordinate our requests for improvements in food premises in order to ensure that they comply with the different types of regulations in force. It also means that in addition to general inspections, we do get a much greater number of routine inspections of these premises carried out than might otherwise be the case.

The Offices, Factories and Shops Division of the Department co-ordinates the work done by the Inspectors within the Division and that done by the District Health Inspectors. Many advantages have accrued from the setting up of a Division to deal with the health, welfare and safety of office and shop workers.

A continuous inspection programme is arranged and carried out, publicity and exhibition material is prepared and distributed and the Division has become a source of reference for other inspectors, owners, occupiers and employees, on all matters concerning the Act.

Registrations

At the commencement of the year there were 3,842 premises registered as coming within the scope of the Act. Not all office and shop premises are required to register, but only those where the sum of hours worked each week by all employees exceed twenty-one.

During the year, 412 further premises were registered and 539 deleted; leaving 3,715 premises on the register. This was a decrease of 127 over the figure at the beginning of the year.

Of the 412 new registrations, 74% of occupiers failed to register their premises with the Local Authority until advised by the Authority's Inspectors of their responsibility under section 49 of the Act. The failure to register premises is not confined to new-entrants to commerce; some of the larger firms who already occupy other premises and who should be well aware of their commitments, fail to register.

Number of persons employed in registered premises

The number of persons employed in the various classes of premises registered under the Act are shown in Table 'C' of the appendix—the total being 31,239.

Within the County Borough of Teesside there are many persons employed in local authority offices, in offices forming part of factories and in some railway premises in all of which premises the Act is enforced by H.M. Inspector of Factories. From this it will be seen that the Act secures the health, welfare and safety of a large number of workers in Teesside.

General inspections and inspection procedure

A satisfactory rate of inspection has been maintained during 1969 when 2,070 premises received a general inspection. Details of the classes of premises inspected are shown in Table 'A' of the appendix.

Inspections are planned to ensure all premises receive a general inspection at least once in a period of two to three years. The general inspection requires the inspector to make a thorough examination of the premises, when all relevant recordable information for statistical requirements is obtained, certain documents are examined and contraventions noted. Matters requiring attention are recorded. A special form was designed to help inspectors and requires a minimum of entries.

Where conditions in the premises are not satisfactory the inspector decides on one of two courses of action.

- (a) For minor matters and when the inspector knows the occupier to have a good record of compliance, he will give verbal notice and record this fact.
- (b) Where contraventions are more numerous or where the occupier has a poor record of compliance, he will write to the occupier in a standard form.

Further visits are made at varying intervals according to the nature of the contravention and letters sent, the severity of which depend on the effort made by the occupier to comply with the Act.

Where advice is repeatedly given and no obvious steps taken to secure compliance, the inspector obtains evidence at the time of his visit with a view to instituting legal proceedings. At this juncture, a letter from the Authority's Legal Department threatening legal proceedings has been found most effective in moving recalcitrant occupiers to action.

When carrying out general inspections in an area, the inspector is expected to note changes in occupancy and locate premises where no registration has been received. These are given priority inspections to ensure the occupiers are acquainted with the law.

Complaints are dealt with as soon as possible after receipt and the complainants' anonymity preserved.

All reported accidents are classified by the Senior Health Inspector, and in certain cases, marked for special investigation. Accidents are investigated when they are of a serious nature, when they are a result of the use of machinery, when there is apparently a breach of the law, where they are of an unusual nature and/or where the inspector feels the Division can offer useful advice.

Visits are also made for specific purposes, e.g. lighting and heating surveys, where there are requests for advice and when buildings are under construction. When making a general inspection, the inspector is expected to inform the most senior member of management in the premises of his presence and the purpose of his visit. This enables urgent matters to be dealt with immediately and enables the inspector to discuss problems with those capable of executive action. Where requests are made for the inspector to contact specific persons, this is done. Only in some very large offices and shops has it been found necessary to give notice prior to an inspection.

The Department publishes from time to time Health, Welfare and Safety Bulletins for issue to registered premises within the area. In some cases, the purpose of a Bulletin may be to remind occupiers of their obligations and in others to give advice on the requirements of the Act and to show ways in which its objects can be achieved. By these means, the existence of the Act can be kept before occupiers in the intervals between inspections.

Re-inspections and other visits

In addition to the general inspections, visits were made for other purposes. Chief amongst these were re-inspections to ensure that contraventions had been remedied. They take up a considerable amount of time but are extremely valuable for creating an opportunity to discuss problems in greater detail.

Altogether, 3,772 routine visits were made in addition to the 2,070 made for the purpose of carrying out a general inspection.

Informal Notices Served

During the year, 4,108 contraventions were detected and following the usual policy of the Department, 1,349 notices were served on occupiers of registered premises. Notices complied with in 1969 amounted to 1,418, relating to 5,559 contraventions.

Prosecutions

Happily the need for legal proceedings seldom arises, as most occupiers are willing to meet their statutory obligations. Legal proceedings had to be used however in four instances to secure compliance with the Act. In the first case the occupier rectified certain omissions but failed to maintain a reasonable temperature in his shop or maintain and provide suitable lighting in the sanitary convenience. He declined to accept the advice of the inspector and was successfully prosecuted. In the second case, proceedings were instituted following contraventions of the Act and the Shops Act 1950-65, as the occupier had a poor record of compliance. The contraventions were remedied following the proceedings and he made a concerted effort to conform with the requirements of the Act in other premises he occupied.

The occupier of a warehouse was prosecuted for failing to conform with certain requirements of the Act and regulations made under the Act. His general house-keeping was poor and fines totalling £160 were imposed. Because certain contraventions relating to improperly maintained floors, failure to provide handrails, failure to guard the open side of stairs and failure to fit proper interlock devices to lift gates could lead to accidents, the Magistrates imposed heavier fines.

In the fourth case, the occupier carried out the work of maintaining the sanitary convenience and installing suitable artificial lighting only a few days before the hearing—it was decided to go ahead with the prosecution in view of the length of time taken to execute the work.

Accidents

A total of 139 accidents were reported, none of which was fatal.

The number of accidents reported during the year was a reduction of 2.7% over those notified in 1968.

68% of notified accidents were the result of human error, 28% were due to contraventions of the Act and 4% resulted from failure of equipment.

Table 'H' shows that of the 139 accidents reported, 40 happened to men, 76 to women, 9 to boys and 14 to girls.

Reported accidents have been analysed by primary cause and shown in Table 'G'. By breaking accidents down into specific categories we have an indication of those areas which require priority accident prevention measures, or which require closer attention. In general the pattern of accidents in 1969 follows closely that of 1968 with the majority of accidents arising from :—

- (a) The slippery nature of floors and on stairs;
- (b) Incorrect handling and lifting of goods;
- (c) Obstructions on landings, passages and floors.

There was a 66.6% reduction in accidents involving machinery; this is a trend in the right direction and it is hoped that by correct training and good supervision of employees, it will continue.

Whenever possible, advice is given on accident prevention and in those cases where there has been a breach of the Act, formal warning is issued and advice given on how to overcome conditions which have given rise to accidents.

Some examples of the kind of accidents being notified are as follows :—

1. An assistant employed in a fish-frying establishment was carrying a container of chips when she slipped on the greasy floor resulting in extensive bruising to her body. The Act requires floors to be kept free of any substance likely to cause persons to slip.
2. A waitress scalded her hand when one of several soup dishes she was carrying slipped.
3. Accidents due to the use of knives can be severe; a butcher's assistant pierced his groin when his knife slipped as he was boning a shin of beef. Protective clothing can lessen the severity of such accidents.
4. Seeing one of his colleagues in a bent position, reading instructions on a container, a young man proceeded to jump over the person's back. The young man struck his head against a low ceiling falling heavily and injuring his colleague's back.
5. Whilst descending some stairs, a cleaner tripped and received multiple injuries. The stairs were found to be in good condition, but the lady's footwear was in a poor state of repair and may well have caused the accident.
6. A warehouse assistant was pushing a loaded stacker truck along a narrow passage when the extended boom struck against an overhead obstruction. The truck overbalanced and fell on the assistant. Correct training and supervision in the handling of trucks is essential if accidents are to be avoided.
7. Whilst operating a brick saw, a young assistant failed to remember that the blade rotated for a while after the motor was switched off; the back of his hand was severely lacerated when it caught against the rotating blade.
8. During the process of tending an incinerator, a young assistant was hit in the face by a piece of material following an explosion in the firebed.
9. Assistants were working in a room whilst workmen were engaged in construction work overhead. A loose joist was dislodged and fell on to an assistant causing bruising to his head and shoulders.
10. A girl endeavoured to open a bottle of mineral water by wedging it between a door and its frame; the bottle exploded cutting her hand.
11. A storekeeper strained his back in attempting to lift a bag of cement. Employees should be trained in correct lifting techniques and as far as possible, be provided with mechanical handling gear.

12. An eighteen year old shop assistant was cleaning a food slicing machine by holding a damp swab against the side of the rotating cutting blade, the cloth was drawn on to the blade and she severed two of her fingers. It is the duty of management to see that staff are properly trained and supervised before operating or cleaning dangerous machinery.

General observations on the enforcement of the Act

Cleanliness

The obstacles to cleaner offices and shops are economic rather than technical. Cleaner working environments will only materialise when the necessary money is set aside for this purpose. Cleaning methods and routines should be carefully planned and an effort made to use modern cleansing equipment which will collect dust and debris and not just disperse it into the atmosphere.

In the construction of new buildings, we hope that developers, private and public, will take advantage of the current virility shown in architectural conception of office building form and function, and equal this conception by introducing materials which facilitate cleansing which, when adopted, can considerably reduce overall cleansing costs.

During the past year, 325 contraventions were noted concerning poor standards of cleansing.

Overcrowding

No serious problems were found in this sphere; only in seven instances was action taken requiring overcrowded conditions to be improved.

Temperature

The severe and prolonged cold weather at the early part of the year was accompanied by an increase in the number of complaints concerning poor heating in offices and shops.

Investigations into these complaints indicated that defective heating appliances were not being repaired or replaced, heating appliances were not of the correct rating for the premises in question and there was gross neglect of thermal insulation and conservation.

Higher standards of heating and some economic saving could be attained if occupiers would obtain the help of experts to advise them on the heating needs of their premises.

The Dickensian attitude is still to be seen even as we enter the seventies. During 1969, we discovered offices where employees had to provide their own heating appliances to supplement inadequate facilities provided by the occupier. This can be dangerous, for frequently appliances brought from home to the office were found to be inadequately guarded, electrically unsound and potential fire and health hazards. The Department was provided with display space at an exhibition staged by the North Eastern Electricity Board, aimed at demonstrating how electricity and electrical appliances could improve working conditions in offices and shops. A display stand was arranged round the provisions of the Offices, Shops

and Railway Premises Act, 1963, showing how it helped secure improvements in the Health, Welfare and Safety of employees. An officer was in attendance each day to give advice and distribute our Health, Welfare and Safety literature.

Legal proceedings were instituted against the occupier of a shop for failing to maintain a reasonable temperature in the premises. A fine of £3 was imposed and additional heating then provided.

Ventilation

Ventilation is inextricably tied up with heating and unless both requirements are considered together, problems arise.

As in previous years, crime experts have advised occupiers to seal up all windows and openings. Consequently problems arise from mould growths, condensation, and where flueless gas heaters are fitted, uncomfortable atmospheres.

New buildings at the planning stage are often found to have no means of ventilation other than by the doors. However, it is pleasing to find some forward-looking managements taking measures to instal air conditioning plant which enables them to give a comfortable environment all the year round to their employees. We hope to see a wider use of air conditioning as new developments are envisaged and older buildings re-conditioned.

Samples of air taken in the vicinity of a cash office in an underground car park revealed concentrations of carbon monoxide in the air varying from 38 p.p.m. to 90 p.p.m. Although exhaust ventilation was provided, it was seldom used because the attendant felt the plant was inconvenient to operate.

Lighting

Many occupiers take a sceptical view of the merits to be found in good lighting practice. This results in some occupiers attaining merely the minimum standard. The results are never so good or impressive as those attained by occupiers who deal with their lighting problems thoroughly.

In view of the low level of lighting noted over stairs and passages, a special effort has been made to secure improvement. It is felt that filament lamps will have to give way to fluorescent lighting over stairs and passages if acceptable standards are to be reached.

During the year, a Health, Welfare and Safety Bulletin was published on lighting in offices and shops. A large trade union which caters for many office and shop workers and which has a branch office in the town received one as part of our routine distribution, and were kind enough to write to us to express their appreciation of what they described as the enterprise and initiative shown by the Department in the issue of such bulletins.

Some idea of the work done in connection with lighting improvements can be obtained from the fact that notices were served in respect of 476 contraventions relating to inadequate lighting.

A random survey of lighting levels in office and shop premises was made in December; a summary of the information obtained is set out below.

Table 1 **Illumination levels in Office Premises produced by Artificial Lighting in Selected Parts**

Lumens per square foot	Stair-cases	Corridors	Wash-places	Desks	Filing Cabinets	Stock-rooms
Less than 5	38	21	15	3	—	—
5 but less than 10	15	16	36	14	1	5
10 but less than 15	17	21	35	46	6	17
15 but less than 25	2	2	6	65	24	—
25 and above	2	1	—	108	10	3

Our survey indicated :—

- (i) Some 51% of staircases in office premises had lighting levels well below the minimum standard. This gives rise to concern when so many accidents occur on stairs.
- (ii) We cannot feel satisfied with the level of lighting over working areas in offices when some 26% of the areas surveyed were below what we feel is already a low minimum standard.
- (iii) Light fittings were found to be infrequently cleaned and poorly maintained whilst defective equipment was not replaced speedily.

Table 2 **Level of illumination in lumens per square foot in the working areas of shops compared with the standard in the selling areas**

Lumens per square foot	Sales Area	Stockrooms	Packing Departments	Preparation Rooms
Less than 5	1	4	1	—
5 but less than 10	3	21	—	4
10 but less than 15	14	50	4	6
15 but less than 25	34	19	4	12
25 and above	89	11	8	9

Our survey indicated :—

- (i) The level of lighting over 12.7% of sales counters was found to be below a reasonable standard of illumination. In one shop, the level of lighting was below what one would expect in a well-lit lavatory. Despite these examples, it is felt the trend is towards better lighting conditions.
- (ii) It is encouraging to note a distinct improvement of lighting levels in store-rooms where 76.2% of the rooms were above the minimum acceptable level. The importance of good lighting in storerooms must not be overlooked if accidents are to be reduced.
- (iii) This year's survey indicates an improvement in lighting levels in preparation rooms but there still is a very real need for further improvement.

Seating

Some sitting facilities seen in shops were neither useful nor ornamental. Stools having a seat diameter of 6 inches were glibly offered as suitable seats. Occupiers must get away from the attitude of providing something just to comply with the Act, but provide facilities which are functional and comfortable.

Providing suitable seating at cash check-outs is a problem for some occupiers; to help those concerned, a specification of what was considered an ideal seat and check-out counter was drawn up and distributed, where necessary. This was appreciated by local and national traders.

Sanitary conveniences and washing facilities

Contraventions concerning sanitary accommodation and washing facilities totalled 1,264, an increase of 405 over last year's figures. These were concerned mainly with inadequate lighting and poor standards of cleanliness. Many occupiers find it difficult to understand why they should provide suitable and sufficient lighting in the sanitary convenience.

During a visit to a warehouse, an inspector found employees were using nearby public conveniences. On questioning the employees why they did not use the facilities on the premises, he was informed that the women's convenience was dirty and the men's not reasonably accessible. His inspection confirmed these conditions; the men's convenience was used for the storage of furniture. Legal proceedings had to be instituted before the unsatisfactory conditions were rectified.

In another case, proceedings had to be instituted before the occupier of a shop would maintain the convenience properly.

This part of the Act is working well and securing some long overdue improvements.

Drinking water

Whilst no particular problems arise in the enforcement of this section, it is felt that future legislation should require water points to be set aside for the supply of drinking water only. Frequently, where the cold tap over a washbasin is the waterpoint, the taps have been seen to be contaminated with soap, grease and excreta—an unwholesome sight to say the least.

Accommodation for clothing

Arrangements must be made for clothing not worn during working hours and for working clothes kept on the premises to be hung up or otherwise accommodated. Where possible, facilities for drying clothing must be available. Facilities vary from nails and screws on a wall to clothes racks and hangers in heated rooms specially constructed for the purpose. Whilst most occupiers reach minimum standards, higher standards should be aimed for, especially in new buildings.

Taking of Meals

No real problems were met. In only four instances was it necessary to serve notices concerning lack of facilities and only in one was legal proceedings instituted.

This concerned garage premises where the facilities were not adequately screened so as to secure privacy.

Machinery

There is a general desire on the part of occupiers to have the dangerous parts of machinery adequately fenced. Only in two instances had legal proceedings to be threatened to secure compliance. The first case was a launderette where not only were employees at risk of injury but also the manageress's child, who was seen on occasions passing close to unfenced pulleys and drive belts. The second case concerned a food slicing machine where the occupier maintained that a suitable guard was unobtainable; he soon produced one when proceedings were threatened.

General inspections reveal many employees working on dangerous machines who have had insufficient training on those machines. It is quite startling at times to find that managers and supervisors responsible for training young employees have themselves little or no knowledge of the dangers connected with the machines in their premises.

During the year, 151 contraventions were found relating to the fencing and construction of machinery.

First-Aid

No difficulties have been experienced in connection with the provision of first-aid equipment although many occupiers forget to maintain the boxes correctly.

Contraventions, mainly relating to inadequate first-aid supplies, were noted in 361 instances.

Floors, passages and stairs

Defects in the construction or maintenance of floors, passages and stairs were found in 312 cases. Lack of storage space and laziness result in many staircases being obstructed by merchandise. The obstruction of floors in supermarkets and stores continues, forming a danger to shoppers as well as workers. Some occupiers recognise these dangers and endeavour to overcome them.

Our lighting survey indicated the urgent need for an improvement in the level of lighting over stairs where 51% of those surveyed had lighting levels below an acceptable minimum level.

Hoists and lifts

The Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968, came into operation on the 28th May, 1969. This was a necessary instrument for securing the safety of workers and deals with the construction, maintenance and examination of lifts. Many improvements have already resulted from these Regulations. Several occupiers and owners have decided to renew their installations rather than modify existing equipment.

In one case, where the occupier would not improve the interlock devices on the lift and cage gates, proceedings were instituted; a fine of £20 was imposed and the work carried out to our satisfaction.

General Observations

Although the Act has been in operation for just over five years, it has been very worthwhile and necessary adjunct in obtaining improved working conditions for office and shop workers. Interest continues to be shown by employers and employees in the content of the Act, with a realization that its implementation can do much to improve the environment.

A few employers are reminiscent of the Dickensian era. They complain of the expense and difficulty of finding good office and shop staff, then put them in poorly planned, badly-ventilated, noisy and ill-lit premises and wonder why so many want to leave. A pleasant working environment does not require much to engineer but once obtained, makes good sense for all concerned.

Many people are beginning to demand and are willing to pay for a better environment. This desire for improvement, coinciding with the redevelopment of large areas of Teesside County Borough, will, we hope, result in good working environments which can only enhance work performance and management relations.

The Central Advisory Authority

As in previous years, we would acknowledge the helpful advice and assistance given by the Regional Officer, both in respect of general matters and specific cases. We also express our appreciation of the close co-operation received from the local Inspectors of Factories and say how welcome and valuable are the good relations existing between the Departments.

Appendix

Table 'A'— Registrations and General Inspections

Class of premises	Number of premises newly registered during the year	Total number of registered premises at end of year	Number of registered premises receiving one or more general inspections during the year
Offices	151	1,080	631
Retail shops	221	2,098	1,251
Wholesale shops, warehouses	7	163	60
Catering establishments open to the public, canteens	32	364	117
Fuel storage depots	1	10	11
Totals	412	3,715	2,070

Table 'B'— Number of visits of all kinds (including General Inspections)
to Registered Premises

5,842

Table 'C'— Analysis by Workplace of persons employed in Registered Premises at end of Year

Class of workplace	Number of persons employed
Offices	12,741
Retail shops	12,696
Wholesale departments, warehouses	1,650
Catering establishments open to the public	3,767
Canteens	267
Fuel storage depots	118
Total	31,239
Total Males	12,413
Total Females	18,826

Table 'D'— Exemptions

No applications for exemptions were received during the year. No applications were received in previous years, and there are, therefore, no exemptions operating in the area.

Table 'E'— Prosecutions

(Prosecutions instituted of which the hearing was completed in the year)

Section of Act or title of Regulations or Order	Number of informations laid	Number of informations leading to a conviction
Offices, Shops and Railway Premises Act, Section 8(1)	1	1
“ “ Section 8(3)	1	1
“ “ Section 9(1)	1	1
“ “ Section 9(2)	4	4
“ “ Section 10(2)	1	1
“ “ Section 16(1)	1	1
“ “ Section 16(2)	1	1
“ “ Section 16(3)	1	1
“ “ Section 6(1)	1	1
“ “ Section 10(1)	1	1
“ “ Section 6(4)	1	1
“ “ Section 15	1	1
O.S.& R.P. Act—		
Sanitary Accommodation Regs. 6(2)	1	1
Washing Facilities Regs. 3	1	1
Hoists and Lifts Regs. 7(2)	1	1
First Aid Order	2	2
Number of persons or companies prosecuted		6
Number of complaints (or summary applications) made under section 22		Nil
Number of interim orders granted		Nil

Table 'F'— Staff

Number of inspectors appointed under section 52(1) or (5) of the Act	32
Number of other staff employed for most of their time on work in connection with the Act	2

Table 'G'— Reported Accidents 1969
Analysed by Primary Cause and Class of Workplace

Cause	Offices	Retail Shops	Wholesale Warehouses	Catering Establishments and Canteens	Fuel Storage Depots
Machinery	—	3	1	—	—
Transport	1	1	4	—	—
Falls of persons	9	17	5	13	—
Stepping on or striking against object or person	2	11	3	4	—
Handling goods	—	14	8	7	—
Struck by falling object	—	8	2	2	—
Fires and explosions	—	1	—	1	—
Electricity	—	—	—	—	—
Use of hand tools	—	5	1	1	—
All other causes	3	6	—	6	—
Total	15	66	24	34	—

Table 'H'— All reported accidents in 1969 analysed by workplace and sex— adults and young persons

Class of workplace	Adults		Young Persons		Total
	Males	Females	Males	Females	
Offices	7	7	—	1	15
Retail Shops	11	39	5	11	66
Wholesale Shops, Warehouses	20	—	3	1	24
Catering Establishments, Canteens	2	30	1	1	34
Fuel Storage Depots	—	—	—	—	—
Total	40	76	9	14	139

Table 'I'— Reported Accidents 1969, Analysed by Nature of Injury and Class of Workplace

Nature of Injury	Offices	Retail Shops	Wholesale Warehouses	Catering Establishments and Canteens	Fuel Storage Depots	Total
Sprains and Strains	4	17	5	12	—	38
Bruising, crushing or concussion	6	23	8	7	—	44
Open wounds and surface injury	3	17	8	8	—	36
Fractures and dislocations	2	5	3	4	—	14
Burns	—	2	—	3	—	5
Multiple Injuries	—	—	—	—	—	—
Amputation	—	1	—	—	—	1
All other injuries	—	1	—	—	—	1
Total	15	66	24	34	—	139

Table 'J'— Summary of Contraventions Found and Remedied during 1969

	Found	Remedied
Cleanliness — Section 4	325	528
Overcrowding — Section 5	7	36
Temperature — Section 6	353	557
Ventilation — Section 7	86	195
Lighting — Section 8	476	348
Sanitary Accommodation — Section 9	1,074	909
Washing Facilities — Section 10	190	408
Drinking Water — Section 11	3	6
Clothing Accommodation — Section 12	87	176
Seating — Sections 13 and 14	28	56
Eating Facilities — Section 15	4	10
Stairs and Passages, etc. — Section 16	312	491
Stairs and Passages : Obstructions — Section 16	51	167
Machinery — Sections 17, 18 and 19	151	211
First Aid — Section 24	361	584
Registration — Section 49	173	207
Information for Employees — Section 50	410	655
Dangerous Conditions and Practices — Section 22	4	11
Hoists and Lifts—		
O.S.R. (Hoists and Lifts) Regulations, 1968	13	4
	4,108	5,559

Shops Act Administration

The Shops Acts, 1950-1964 make provision for early closing days, general closing hours, Sunday Trading, conditions of employment and other miscellaneous matters applicable to premises where retail sales and business are carried on, together with provisions for employment of young persons in wholesale trades. The Young Persons (Employment) Act, 1938 regulates the employment of Young Persons in certain other occupations.

During 1969, 2,445 visits were made to premises coming within the scope of the Act, 927 contraventions were observed and by the end of the year 1,456 had been remedied including outstanding contraventions from the previous year. Whilst many contraventions are remedied following verbal notice, 460 written notices were served. Contraventions were mainly concerned with failure to display and maintain notices and records required by the Act.

Provisions concerning general closing hours are observed by most traders. Sunday trading restrictions were not fully observed and are difficult to operate, particularly where shops remain open to serve exempted articles and have non-exempted articles on display. Application was received from traders on a new and compact shopping area for six-day trading to be introduced. Steps have been taken to ascertain the wishes of the majority of traders with a view to deciding whether a Half-Day Exemption Order should be made.

A number of complaints were received concerning the hours of employment of young persons, meal and rest intervals and Sunday employment, all of which were examined and rectified. In one case, however, legal proceedings were instituted where employees were not receiving a statutory half-holiday, proper meal and rest intervals and a compensatory holiday following Sunday employment.

Routine and special inquiries have been made into the employment of young persons in certain places of entertainment where we were pleased to note a good measure of compliance with the legislation.

Inspection of Factories

The Medical Officer of Health is required by the Factories Act, 1961 to report annually upon the administration of Parts I and VIII of the Act which deal with general health provisions and the employment of outworkers.

At the end of the year the register of factories contained the addresses of 1,042 mechanical factories, 21 non-mechanical factories and 102 other premises subject to the Act. There was a decrease in the number of mechanical and non-mechanical factories from the previous year.

During 1969, 757 visits were made to factories and other premises, 92 contraventions were found and the majority were remedied by the end of the year. Contraventions of a minor nature were dealt with verbally. Generally a satisfactory standard of compliance was maintained and in no case was it necessary to institute legal proceedings.

Notices were received from H.M. Inspector of Factories giving details of 86 new occupiers of factories, 77 deletions from the register and 3 cases of sanitary defects.

The number of outworkers' premises in the August list was 29; of these 28 were concerned with the making of wearing apparel and 1 in upholstery work. Visits were made to 7 outworkers' premises and in no case were poor conditions observed.

Close supervision was kept on facilities provided at construction sites, particularly those near built-up areas where nuisance could arise. Again, it was disappointing to discover a number of contractors who failed to provide any sanitary facilities until visited by the Department's inspectors. The standard of facilities at construction sites is improving.

No major difficulties have been experienced in enforcing the Act, whilst in general there is a desire to conform with its requirements.

Factories Acts, 1961 Part I of the Act

1. **Inspections** for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	21	28	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,042	599	62	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	102	130	18	—
Total	1,165	757	81	—

2. Cases in which **Defects** were found.

Particulars	Number of cases in which defects were found				Number of Cases in which Prosecutions were Instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of Cleanliness (S.1)	1	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable Temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	1	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	17	18	—	1	—
(b) Unsuitable or defective	65	97	—	—	—
(c) Not separate for sexes	6	7	—	—	—
Other offences against the Act (not including offences relating to Outwork)	9	11	5	2	—
Total	98	124	5	3	—

Factories Acts, 1961 Part VIII of the Act

Nature of Work	Section 133
	Number of outworkers in August list required by Section 133(1) (c)
Wearing apparel — making, etc.	28
Furniture and upholstery	1

Magisterial Proceedings

Complaint	Result
1. Contravening Offices, Shops and Railway Premises Act, 1963 :—	
(a) Sections 9(2), 63 and 64 : " Failing to provide lighting for sanitary convenience."	Fined £3 3s.
(b) Sections 19(1), 63 and 64 ; " Failing to supply hot and cold running water."	Fined £3 3s.
2. Contravening Public Health Act, 1936 ; Section 93 : " Failure to abate a Public Health Nuisance."	Nuisance Order made requiring execution of work within 14 days of date of Order.
3. Contravening Public Health Act, 1936 ; Section 93 : " Failure to abate a Public Health Nuisance."	Nuisance Order made requiring execution of work within 14 days of date of Order.
4. Contravening Milk and Dairies (General) Regulations, 1959 ; Regulations 27(1) and 34 : " Sale of milk in a bottle not in a state of cleanliness."	Fined £6 with £3 3s costs.
5. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of 'buttered' scones not of substance demanded in that scones were spread with margarine."	Fined £5 with £7 7s costs.
6. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of pork pie not of quality demanded in that it contained a piece of string."	Fined £5 with £7 7s costs.
7. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of sliced cooked pork not of quality demanded in that it contained maggots."	Fined £10 with £7 7s costs.
8. Contravening Milk and Dairies (General) Regulations, 1959 ; Regulations 27(1) and 34 : " Sale of bottle of milk not in a state of thorough cleanliness in that it contained pieces of cement."	Fined £5.

Complaint	Result
9. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of custard tart not of quality demanded in that it contained chewing gum."	Fined £10.
10. Contravening Preservatives in Food Regula- tions, 1962 : " Delivery of pre-packed raw potato chips which contained 170 parts per million of sulphur dioxide preservative."	Fined £20.
11. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of 'buttered' scones not of quality demanded in that they were spread with margarine."	Fined £5.
12. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of 'buttered' scones not of quality demanded in that they were spread with margarine."	Fined £5.
13. Contravening Public Health Act, 1936 ; Section 93 : " Failure to abate Public Health Nuisances."	Fined £10.
14. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of one packet of skinless sausages not of quality demanded in that they were in a mouldy condition."	Fined £5.
15. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of pies not of quality demanded in that they were in a mouldy condition."	Fined £10.
16. Contravening Milk and Dairies (General) Regulations, 1959 ; Regulations 27(1) and 34 : " Sale of bottle of milk not in a state of thorough cleanliness in that it contained spots of dirt."	Absolute Discharge— costs awarded to Council.
17. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of apple tart not of quality demanded in that it was affected by mould."	Fined £2.
18. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of Skinless Pork Sausages not of quality demanded in that they were affected by mould."	Fined £7.

Complaint	Result
19. Contravening Food and Drugs Act, 1955 ; Section 2 : "Sale of bottle of Shandy not of quality demanded in that it contained mould."	Fined £5.
20. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of cheese scone not of quality demanded in that it contained the filter tip of a cigarette."	Each of three defendants fined £1.
21. Contravening Shops Acts, 1950 to 1965 :—	
(a) Section 17(1): " Failing to give two assistants a half-holiday."	Each of three defendants fined £1 on each of 2 charges
(b) Section 17(2): "Absence of Assistants' Half Holiday Notice."	Each of three defendants fined £1.
(c) Section 19 : "Failing to allow proper intervals for meals."	Each of three defendants fined £1 on each of 2 charges
(d) Section 22(1): " Failing to give a compen- satory holiday for being employed more than 4 hours on a Sunday."	Each of three defendants fined £3.
(e) Section 32(1): " Failing to keep a record in the prescribed form of the hours worked, meal intervals and rest periods in respect of young persons."	Each of three defendants fined £2.
Contravening Offices, Shops and Railway Premises Act, 1963 :—	
(f) Section 6(4): "Failing to provide a thermometer."	Each of three defendants fined £3.
(g) Section 15 : " Failing to provide suitable facilities for eating meals."	Each of three defendants fined £2.
(h) Section 24 : "Absence of prescribed First-Aid Facilities."	Each of three defendants fined £5.
22. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of a College Pudding which was not of the quality demanded in that it was affected by mould."	Fined £5.
23. Contravening Public Health Act, 1936 ; Sections 45 and 75 : " Failure to abate Public Health Nuisances."	Fined £5.
24. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of tin of baked beans not of quality demanded in that it was affected by mould."	Fined £10.

Complaint	Result
25. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of one can of Chicken Curry with Rice not of quality demanded in that it was affected by mould."	Fined £10.
26. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of sliced white loaf in which was impregnated wrapping paper from tobacco."	Fined £10.
27. Contravening Pet Animals Act, 1951 ; Sections 1(3) (D), 1(3) (A) and 1(3) (B):	
(a) " Failure to take reasonable precautions to prevent spread of infection amongst animals in stock."	Fined £10.
(b) " Premises ineffectively ventilated and cleanliness unsatisfactory."	Fined £10.
(c) " Failure to provide adequate water supply to cages."	Fined £2 with £10 10s costs.
28. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of fish cakes not of quality demanded in that they were deficient of fish content."	Fined £5.
29. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of pre-packed sliced loaf of bread not of quality demanded in that it was affected by mould."	Fined £5.
30. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of pork sandwiches not of quality demanded in that they were affected by maggots."	Fined £10.
31. Contravening Public Health Act, 1936 ; Section 93 : " Failure to abate Public Health Nuisances."	Order granted to remedy property within six months.
32. Contravening Food and Drugs Act, 1955 ; Section 2 : " Sale of three cartons of Hazlenut Yoghurt not of quality demanded in that they were decomposed."	Fined £100.
33. Contravening Food and Drugs Act, 1955 ; Section 2 : "Sale of boiled ham not of quality demanded in that it was affected by maggots."	Fined £20.
34. Contravening Preservatives in Food Regula- tions 1962 ; Regulation 3, Schedule 1 : " Sale of pre-packed potato chips which contained 140 parts per million of sulphur dioxide preservative."	Fined £10.

Complaint	Result
35. Contravening Offices, Shops and Railway Premises Act, 1963 :—	
(a) Sections 8(1) and (3): "Insufficient lighting."	Fined £20.
(b) Sections 9(1) and (2): "Insufficient sanitary conveniences."	Fined £30.
(c) Sections 10(1) and (2): "Inadequate washing facilities."	Fined £20.
(d) Sections 16(1) and (2) and (3): "Defective condition of floors and staircase."	Fined £60.
(e) Section 20 — Regulation 20 : "Failure to provide interlocking device on lift."	Fined £20.
(f) Section 24(2): "Failure to provide adequate first-aid facilities."	Fined £10.

Part VI

Committees and Staff List

The Health Committee

Appointed May, 1969

The Mayor, Alderman F. T. Webster, M.B.E. (ex officio)

Alderman J. A. Brown, C.B.E., J.P., F.R.S.H. — Chairman

Alderman J. S. Dyball — Vice-Chairman

Alderman Mrs. M. A. Daniel

Alderman L. Poole, J.P.

Councillor C. V. Armitage, O.B.E., J.P.

Councillor J. Barker

Councillor J. N. Bennington

Councillor Mrs. S. K. Borgars, M.A.(Oxon.), J.P., L.G.S.M.

Councillor G. A. Burns

Councillor Mrs. I. M. Cole

Councillor R. H. Cowie

Councillor Mrs. E. A. Gaunt

Councillor A. Gwenlan

Councillor J. Mason

Councillor A. J. McIntosh, J.P.

Councillor H. L. McQuillen, B.Sc.

Councillor F. S. Moore

Councillor Mrs. H. Pearson

Councillor L. H. Pigg

Councillor Miss G. Popple

Councillor Mrs. J. M. Reeve

Councillor A. S. Seed, J.P.

Councillor Mrs. M. K. Stabler

Councillor Mrs. B. Wilkinson

Councillor M. C. Winship

Councillor Mrs. D. M. Withycombe

Cemeteries Sub-Committee

Alderman J. A. Brown
Alderman Mrs. M. A. Daniel
Alderman J. S. Dyball
Alderman L. Poole

Councillor J. Barker
Councillor Mrs. I. M. Cole
Councillor A. Gwenlan
Councillor J. Mason
Councillor H. L. McQuillen

Councillor F. S. Moore
Councillor L. H. Pigg
Councillor Miss G. Popple
Councillor Mrs. J. M. Reeve
Councillor A. S. Seed

Public Hygiene Sub-Committee

Alderman J. A. Brown
Alderman Mrs. M. A. Daniel
Alderman J. S. Dyball
Alderman L. Poole

Councillor J. Barker
Councillor Mrs. I. M. Cole
Councillor A. Gwenlan
Councillor J. Mason
Councillor H. L. McQuillen

Councillor F. S. Moore
Councillor L. H. Pigg
Councillor Miss G. Popple
Councillor Mrs. J. M. Reeve
Councillor A. S. Seed

Community Health Sub-Committee

Alderman J. A. Brown
Alderman J. S. Dyball

Councillor C. V. Armitage
Councillor J. N. Bennington
Councillor Mrs. S. K. Borgars
Councillor G. A. Burns
Councillor R. H. Cowie
Councillor Mrs. E. A. Gaunt

Councillor A. J. McIntosh
Councillor Mrs. H. Pearson
Councillor Mrs. M. K. Stabler
Councillor Mrs. B. Wilkinson
Councillor M. C. Winship
Councillor Mrs. D. M. Withycombe

Mental Health Sub-Committee

Alderman J. A. Brown
Alderman J. S. Dyball

Councillor C. V. Armitage
Councillor J. N. Bennington
Councillor Mrs. S. K. Borgars
Councillor G. A. Burns
Councillor R. H. Cowie
Councillor Mrs. E. A. Gaunt

Councillor A. J. McIntosh
Councillor Mrs. H. Pearson
Councillor Mrs. M. K. Stabler
Councillor Mrs. B. Wilkinson
Councillor M. C. Winship
Councillor Mrs. D. M. Withycombe

Staff of Teesside Health Department at 1st April, 1969

Medical Officer of Health and Chief Medical Adviser	R. J. Donaldson, M.B., Ch.B., D.P.H.
Deputy Medical Officer of Health	R. Taylor, M.B., Ch.B., D.P.H.
Associate Medical Officer of Health	H. J. Peters, M.B., B.S., B.Hy., D.P.H., D.P.A.
Principal Medical Officer	A. Elsworth, M.B., B.S., D.P.H.
Senior Medical Officers	J. A. Davison, M.B., B.S., D.P.H. J. E. H. Tullis, M.B., Ch.B., L.R.C.P.(E), L.R.C.S.(E), L.R.F.P. & S.(G)
Senior Assistant Medical Officer	J. B. Patterson, M.B., Ch.B.
Senior Medical Officers	C. P. Allen, F.R.C.S., M.B., Ch.B. (to 17.5.69) K. S. Bird, M.B., B.S. A. R. McNaughton, M.B., Ch.B.
Medical Officers (Residential Hostels)	J. R. Crews * H. Kay *
Sessional Medical Officers	19 *
Tuberculosis After Care Medical Officer	B. Coutts, M.D., Ch.B., D.P.H.
Superintendent Health Visitor	R. Sutcliffe, S.R.N., S.C.M., H.V.Cert.
Deputy Superintendent Health Visitor	A. M. LeCount, S.R.N., S.C.M., H.V.Cert.
Centre Superintendent Health Visitors	5
Health Visitors/School Nurses	39 + 6 *
Health Visitors for Tuberculosis Visiting	1
Public Health Nurses	5
School Nurses	17 + 2 *
School/Clinic Nurses	5
Clinic Nurses	2 *
Non-Medical Supervisor of Midwives	J. Scott, S.R.N., S.C.M., Q.N., H.V.Cert.
Senior Midwives	6
Midwives	37
Superintendent Home Nurse	M. A. Murray, S.R.N., S.C.M., H.V.Cert.
Deputy Superintendent Home Nurse	J. Bloom, S.R.N., S.C.M., Q.N., H.V.Cert.
Senior Home Nurses	5

Home Nurses	50 + 4 *
Home Nurses without District Training	3 + 2 *
State Enrolled Nurses	10 + 2 *
Chief Chiropodist	B. W. Reed, M.C.H.S., S.R.Ch.
Chiropodists	4 + 5 *
Health Education Officer	F. Brogan
Matrons, Day Nurseries and Davison Home	7
Chief Mental Welfare Officer	F. A. Sheridan, C.S.W., M.S.M.W.O.
Mental Welfare Officers	8
Adult Training Centres—	
Manager	1
Supervisors	2
Assistant Supervisors	5
Superintendent	1
Instructors	5
Junior Training Centres—	
Supervisors	3
Assistant Supervisors	11
Nursery Assistant	1
Special Care Units—	
Sister-in-charge	1
Staff Nurse-in-charge	1
Nursery Assistants	5
Nursery Nurses	4
Housemothers	2
Ambulance Officer	P. E. Gifford, F.I.A.O.
Deputy Ambulance Officer	E. Sykes, F.I.C.A.P., F.I.A.O.
Home Help Organiser	A. M. Hutchinson
Deputy Home Help Organiser	M. M. Dempsey
Home Help Visitors	4
Lay Administrative Officer	W. H. Dickinson
Section Heads	L. Hall, D.M.A., M.I.L.G.A. R. M. Jamieson F. M. Smith
Senior Assistants (Admin)	5
Clerks	37 + 3 *
Secretary to Medical Officer of Health	G. Jenney
Supervisor and Shorthand Typists	M. Robson + 3

Chief Health Inspector	F. G. Sugden, D.P.A., F.R.S.H., F.A.P.H.I., A.M.I.P.C., A.M.I.P.H.E.
Deputy Health Inspector	J. H. Burrows, F.A.P.H.I., A.M.I.P.H.E.
Senior Health Inspectors—	
Central Division	T. E. Patterson, M.R.S.H., M.A.P.H.I.
East Division	E. V. Robinson, M.A.P.H.I.
West Division	R. Love, F.A.P.H.I., M.R.S.H.
Air Pollution Division	J. Hill, M.B.E., M.R.S.H., M.A.P.H.I.
Food and Drugs and Dairies Division	R. W. Dobson, M.A.P.H.I.
Housing Division	F. Allan, A.R.S.H., M.A.P.H.I.
Meat Inspection Division	L. A. Harrison, D.M.A., M.A.P.H.I.
Offices, Shops and Factories Division	A. Chisholm, D.M.A., M.A.P.H.I.
District Health Inspectors	11
Health Inspectors	12
Authorised Meat Inspectors	7
Pupil Health Inspectors	9
Technical Assistants (General)	4
Technical Assistants (Smoke)	3
Shops Act Inspector	1
Pest Control Officer	1
Diseases of Animals Inspector	1
Chief Clerk, Health Inspectors Department	W. Wright, D.M.A., D.S.A.A.
Clerical Assistants and Typists	
Health Inspectors Department	12

* denotes sessional or part-time staff.

Appendix

Statistical Comment and Tables

Some Comments on the Mortality Rates in Teesside County Borough during 1968

The first year for which data was available for the Teesside County Borough on cause of death was 1968. A table, similar to Table 1 of this report, was published in "The Health of Teesside, 1968." Similar tables are compiled by the Registrar General for England and Wales.

To make a realistic comparison between Teesside and England and Wales, it is necessary to take into account the different age and sex structures of the two populations. The Standard Mortality Ratio is the index used to make this comparison. This is the ratio of the observed number of deaths in Teesside to the number of deaths which would obtain if the England and Wales age-specific mortality rates were applied to the Teesside population structure. Thus a Standard Mortality Ratio over 1.0 indicates a higher mortality ratio than in England and Wales.

This ratio can be calculated for each cause of death, but it is only a reliable indicator if it is based on a sufficiently large number of deaths. The ratio has, therefore, only been calculated for selected categories, representing the major causes of death.

The Standard Mortality Ratios calculated are based on the deaths in Teesside and England and Wales for 1968. The population structures used are the Registrar General's mid-year estimate for England and Wales; the Teesside population has been calculated on the basis of the 1966 Census which has been adjusted for the aging of the population, and for births, deaths and migrations. The resulting population structure is shown in Figure A.

The ratios discussed below should be treated with caution as there are often large variations in deaths from specific causes from year to year. Some such variations between 1968 and 1969 are noted below as the figures for the latter year are available for Teesside.

Table 2 shows the Standard Mortality Ratios for males and females for the selected causes of death. The relative importance of each cause is shown in Figures B(i) and B(ii).

The Mortality Rates for all causes are 12–13% above the national rates. Calculations based on deaths for the area now comprising Teesside County Borough over the period 1966–1969 yielded similar results. Although adequate data is not available for calculating mortality rates for this area in the past, if Middlesbrough is taken as representative of the whole area, a steady improvement can be noted. In the period 1954–1958 the standard mortality ratio for Middlesbrough was 128–130; and for the period 1958–1963 it was 118–120. It should be noted that during this period mortality rates for England and Wales as a whole have been steadily improving, and a decrease in the standard mortality ratio would mean that local improvements are taking place faster than the national rate.

Heart diseases, forming a major cause of death, had a high mortality rate for 1968. Very nearly the same proportion of deaths in 1969 were due to these causes. Although cerebro-vascular diseases and other diseases of the circulatory system took a relatively light toll in 1968, this has risen considerably in 1969.

Mortality due to lung cancer is high for men, but low for women. The 1969 data gives further evidence of this effect, as male deaths have risen somewhat whilst female deaths from this cause have actually fallen. The high figure for males may be due to the fact that a larger proportion of men smoke, but there are possibly other factors involved, such as unfavourable atmospheric conditions in the working environment.

Mortality from other forms of cancer during 1968 was around the national average for men. The number of deaths among women was somewhat higher and deaths from cancer of the womb and uterus were particularly high. These have fallen again in 1969, and would indicate a mortality due to cancer, other than lung, of around the national average.

The number of deaths from pneumonia and influenza was very low in 1968, and very high in 1969. These diseases have an epidemic character, and are liable to violent fluctuations from one year to the next, and no conclusions can be drawn from a single year's figures.

The standard mortality ratio for bronchitis and emphysema was slightly higher in 1968 than for the years 1958-1963. The number of deaths for 1969 is again slightly higher than that of 1968. However the national mortality rate has improved considerably since 1963, and it could well be that 1968 was a particularly good year for the country as a whole.

Deaths from diseases of the digestive system were high in 1968 and the 1969 figures seem to suggest that death from these causes is on the increase. However there has been a drop in female deaths for 1969 and this suggests that the 1968 figure may be unusually high for women.

The mortality from accidents was high in 1968, especially for males. In 1969 an increase for females and a decrease for males has been noted. Since accidents may result in death to more than one person at a time, and as the total annual figures are not large, a considerable variation from year to year is to be expected.

Infant mortality figures were unusually high in 1968, and it is comforting to note that a 2% decrease in the number of births in 1969 was accompanied by a 20% decrease in infant mortality.

Figures quoted for the periods 1954-1958 and 1958-1963 are taken from 'The National Atlas of Disease Mortality in the United Kingdom,' G. M. Howe (for the Royal Geographical Society, Nelson 1970).

Table 1 Numbers of Deaths by Cause, in sex and age groups

Cause of Death	Sex	All ages	—4 wks.	4 wks. —1 yr.	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75+
Enteritis and other diarrhoeal diseases	M	2	—	2	—	—	—	—	—	—	—	—	—
	F	2	—	2	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system	M	12	—	—	—	—	—	—	—	3	3	5	1
	F	4	—	—	—	—	—	1	1	2	—	—	—
Other tuberculosis, including late effects	M	8	—	—	—	—	—	—	3	1	—	3	1
	F	5	—	—	—	—	—	—	—	2	3	—	—
Syphilis and its sequelae	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
Other infective and parasitic diseases	M	3	1	—	—	—	—	—	—	—	—	2	—
	F	3	1	—	—	—	1	—	1	—	—	—	—
Malignant neoplasm, buccal cavity, etc.	M	10	—	—	—	—	—	—	—	3	2	2	3
	F	6	—	—	—	—	—	—	1	1	—	3	1
Malignant neoplasm, oesophagus	M	16	—	—	—	—	—	—	—	4	5	6	1
	F	6	—	—	—	—	—	—	1	1	—	2	2
Malignant neoplasm, stomach	M	64	—	—	—	—	—	—	2	8	19	20	15
	F	44	—	—	—	—	—	—	3	2	11	13	15
Malignant neoplasm, intestine	M	71	—	—	—	—	—	—	2	9	19	27	14
	F	44	—	—	—	—	—	1	—	8	11	11	13
Malignant neoplasm, larynx	M	6	—	—	—	—	—	—	—	—	1	3	2
	F	1	—	—	—	—	—	—	—	1	—	—	—
Malignant neoplasm, lungs, bronchus	M	213	—	—	—	—	—	1	6	29	64	83	30
	F	27	—	—	—	—	—	—	2	8	7	6	4
Malignant neoplasm, breast	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	44	—	—	—	—	—	—	9	5	12	8	10
Malignant neoplasm, uterus	F	31	—	—	—	—	—	—	2	6	2	11	10
Malignant neoplasm, prostate	M	21	—	—	—	—	—	—	—	—	5	8	8
Leukemia	M	13	—	1	—	2	1	—	—	—	2	3	4
	F	10	—	—	1	—	—	1	—	1	1	2	4
Other malignant neoplasms	M	90	—	—	1	4	2	—	5	11	21	29	17
	F	99	—	2	1	—	4	—	7	10	22	31	22
Benign and unspecified neoplasms	M	4	—	—	—	—	—	—	—	1	2	—	1
	F	4	—	—	—	1	—	—	1	1	—	—	1
Diabetes mellitus	M	6	—	—	—	—	—	—	—	—	4	—	2
	F	21	—	—	—	—	—	1	1	1	4	7	7
Avitaminoses	M	2	—	—	—	—	—	—	—	1	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Other endocrine, etc. diseases	M	7	—	3	1	—	—	1	—	1	—	—	1
	F	7	—	—	—	—	—	—	—	—	—	3	4
Anaemias	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	8	—	—	—	1	—	—	—	—	2	1	4
Other diseases of the blood, etc.	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	1	—	—	—	—	1	—	—	—
Mental disorders	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	3	—	—	—	—	—	—	—	—	1	—	2
Meningitis	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	3	—	—	—	—	—	—	—	—	—	2	1
Other diseases of the nervous system, etc.	M	21	—	—	—	1	1	1	2	1	6	4	5
	F	23	—	1	—	1	—	—	1	3	2	7	8
Active rheumatic fever	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	1	—	—	—	—	—	1	—	—	—	—	—
Chronic rheumatic heart disease	M	16	—	—	—	—	—	—	4	4	2	5	1
	F	28	—	—	—	—	—	—	1	6	10	7	4
Hypertensive disease	M	22	—	—	—	—	—	—	2	1	4	8	7
	F	27	—	—	—	—	—	—	—	2	3	4	18

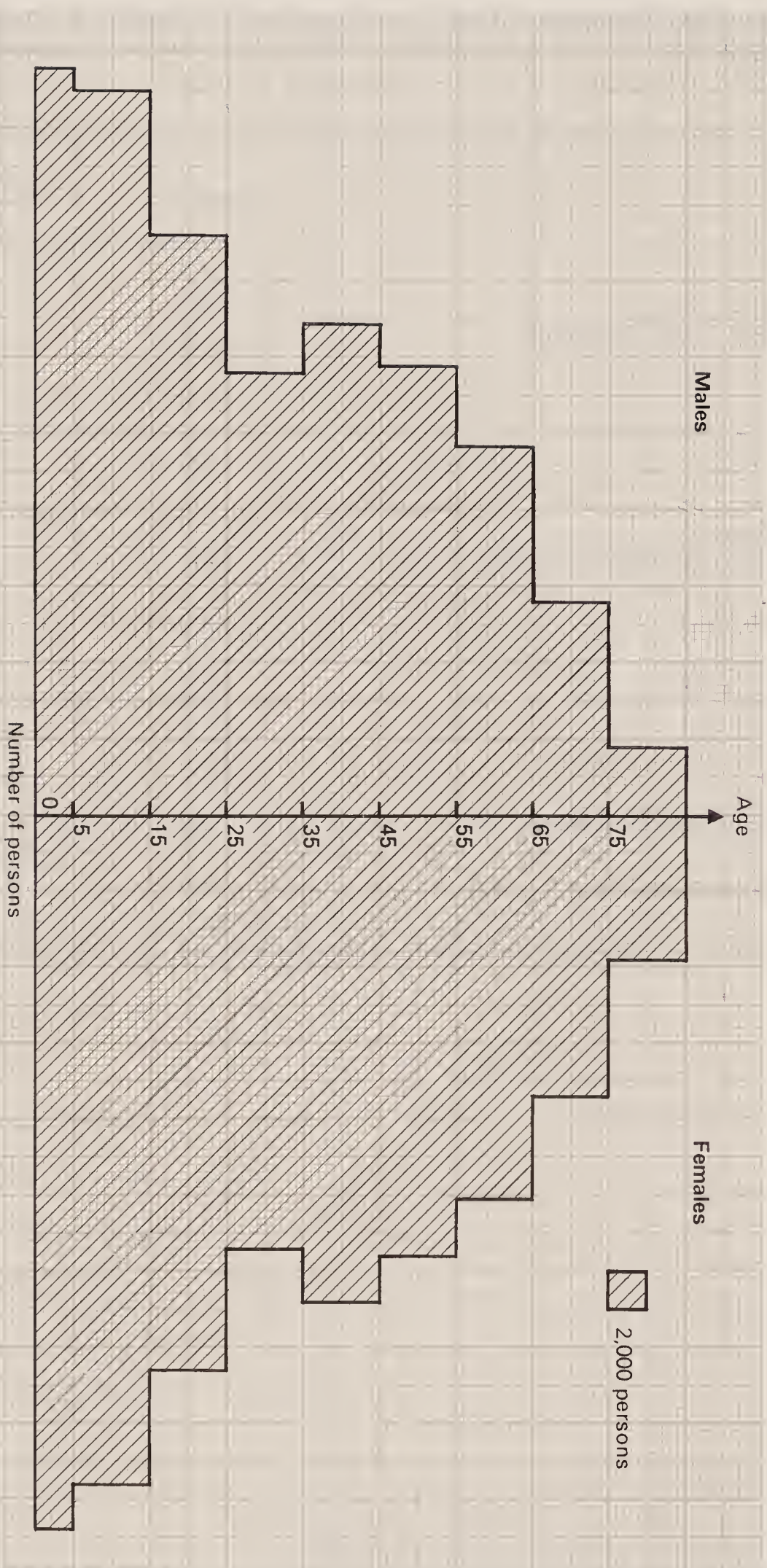
Table 1 (continued) Numbers of Deaths by Cause, in sex and age groups

Cause of Death	Sex	All ages	—4 wks.	4 wks. —1 yr.	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75+
Iscaemic heart disease	M	638	—	—	—	—	—	2	30	84	164	220	138
	F	441	—	—	—	—	—	—	4	11	59	144	223
Other forms of heart disease	M	105	—	1	—	—	1	—	2	4	17	23	57
	F	152	—	—	—	—	—	1	2	2	11	28	108
Cerebrovascular disease	M	247	—	—	—	1	1	1	7	13	29	89	106
	F	292	—	—	—	—	—	1	1	8	28	64	190
Other diseases of the circulatory system	M	73	—	—	—	—	—	—	—	2	9	32	30
	F	69	—	—	—	—	1	—	1	3	2	16	46
Influenza	M	13	—	—	—	—	—	—	—	1	4	8	—
	F	16	—	—	—	—	1	—	—	3	3	4	5
Pneumonia	M	169	2	19	2	1	2	—	6	6	14	48	69
	F	156	1	15	4	—	1	—	1	4	13	33	84
Bronchitis and emphysema	M	202	—	—	—	—	—	—	—	17	45	82	58
	F	61	—	—	—	—	—	1	1	1	8	30	20
Asthma	M	1	—	—	—	1	—	—	—	—	—	—	—
	F	8	—	—	—	—	—	—	—	—	4	4	—
Other diseases of the respiratory system	M	18	—	1	—	—	1	—	1	1	5	5	4
	F	15	—	—	—	—	—	—	1	1	2	2	9
Peptic ulcer	M	25	—	—	—	—	—	—	—	6	4	10	5
	F	9	—	—	—	—	—	—	—	2	1	4	2
Appendicitis	M	3	—	—	—	—	—	—	—	—	1	1	1
	F	—	—	—	—	—	—	—	—	—	—	—	—
Intestinal obstruction and hernia	M	5	—	—	—	—	—	—	—	1	—	3	1
	F	10	—	—	—	—	—	—	—	—	1	1	8
Cirrhosis of the liver	M	6	—	—	—	—	—	—	—	3	—	2	1
	F	7	—	—	—	—	—	—	1	2	2	2	—
Other diseases of digestive system	M	15	—	—	—	—	—	—	1	1	3	6	4
	F	22	—	—	—	—	—	1	2	1	3	6	9
Nephritis and nephrosis	M	12	—	—	—	—	—	1	3	1	2	2	3
	F	9	—	—	—	—	—	—	—	1	—	4	4
Hyperplasia of prostate	M	11	—	—	—	—	—	—	—	—	—	4	7
Other diseases, genito-urinary system	M	12	—	—	—	—	—	—	—	—	1	6	5
	F	15	—	—	—	—	—	—	1	1	3	4	6
Diseases of musculo-skeletal system	M	2	—	—	—	—	—	—	—	—	—	1	1
	F	6	—	—	—	—	—	—	—	—	1	2	3
Congenital anomalies	M	12	5	3	2	—	2	—	—	—	—	—	—
	F	16	9	5	1	1	—	—	—	—	—	—	—
Birth injury, difficult labour, etc.	M	15	15	—	—	—	—	—	—	—	—	—	—
	F	12	12	—	—	—	—	—	—	—	—	—	—
Other causes of perinatal mortality	M	25	25	—	—	—	—	—	—	—	—	—	—
	F	12	12	—	—	—	—	—	—	—	—	—	—
Symptoms and ill defined conditions	M	5	—	—	—	—	—	—	—	—	—	1	4
	F	9	—	—	—	—	—	1	—	—	2	2	4
Motor vehicle accidents	M	41	—	—	2	—	13	5	3	3	6	5	4
	F	15	—	—	2	—	3	1	2	1	3	2	1
All other accidents	M	44	—	—	1	2	3	6	9	5	7	5	6
	F	52	—	2	—	1	1	1	1	2	3	5	36
Suicide and self-inflicted injuries	M	15	—	—	—	—	2	—	1	3	7	—	2
	F	8	—	—	—	—	1	—	2	—	3	2	—
All other external causes	M	11	—	—	1	—	3	1	2	1	1	1	1
	F	8	—	—	—	—	—	2	1	1	2	1	1
Total all causes	M	2336	48	30	10	12	32	19	91	229	481	764	620
	F	1874	35	27	10	4	14	14	52	105	245	478	890
Total both sexes		4210	83	57	20	16	46	33	143	334	726	1242	1510

**Table 2 Standard Mortality Ratio for Selected Causes for Teesside
1968**

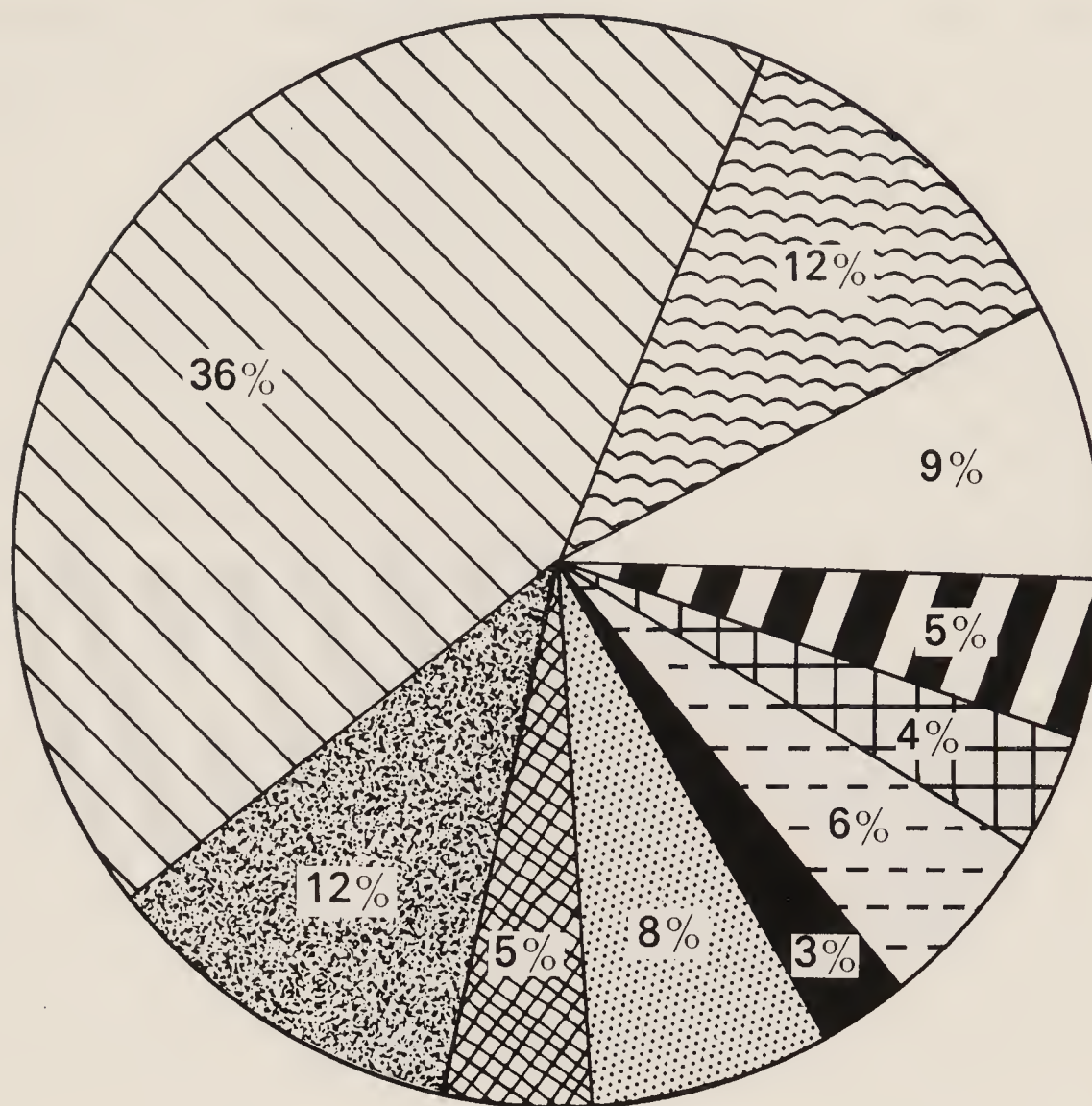
Cause	Males	Females
All causes	1.13	1.12
Malignant Neoplasm, Lung Bronchus	1.21	0.88
Other Neoplasms	1.02	1.12
Heart Diseases	1.20	1.19
Cerebrovascular diseases, other diseases of the circulatory system	1.01	1.08
Pneumonia and Influenza	0.95	0.81
Bronchitis and Emphysema	1.20	1.16
Diseases of the Digestive System	1.22	1.28
Accidents and other External Causes	1.34	1.16
Infant mortality (all deaths under 1 year)	1.27	1.33

Figure A
Population Pyramid of Teesside County Borough as at 3rd June, 1968



Proportion of deaths from specified causes
in Teesside County Borough, 1968

Figure B(i) — Males



Malignant Neoplasm—
Lung, Bronchus



Other Malignant
Neoplasms



Heart Diseases



Diseases of the
Circulatory System



Pneumonia and Influenza



Bronchitis and Emphysema



Diseases of the
Digestive System



Accidents and
External Causes



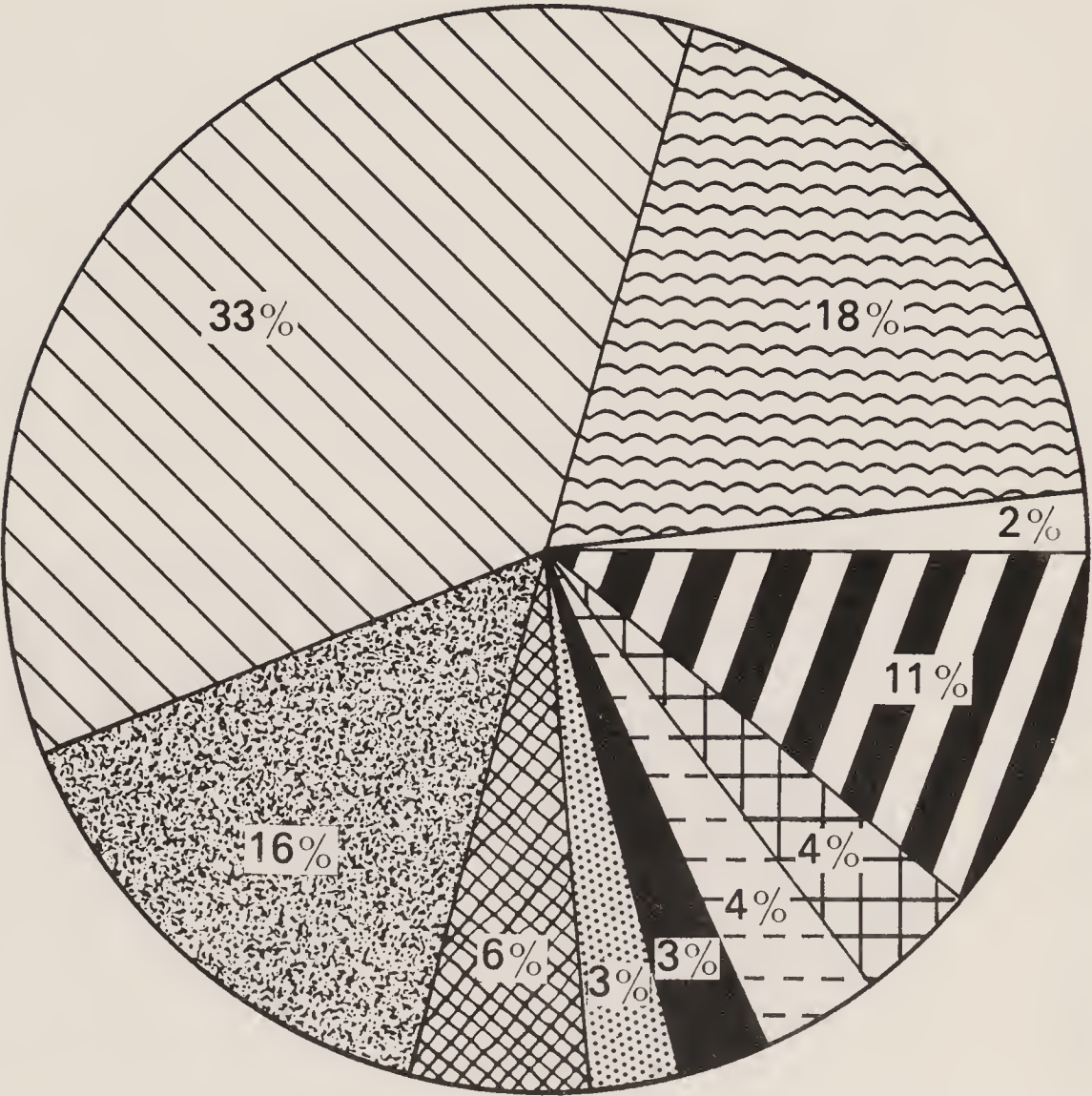
Infant Mortality



Other Causes

Proportion of deaths from specified causes
in Teesside County Borough, 1968

Figure B(ii) — Females



Malignant Neoplasm—
Lung, Bronchus



Other Malignant
Neoplasms



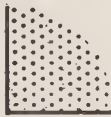
Heart Diseases



Diseases of the
Circulatory System



Pneumonia and Influenza



Bronchitis and Emphysema



Diseases of the
Digestive System



Accidents and
External Causes



Infant Mortality



Other Causes

**Table 3 Notifications of Infectious Diseases in Teesside, 1969,
classified according to age groups**

Notifiable Disease	Sex	At all ages	0–	1–	2–	3–	5–	10–	15–25	25+
Food Poisoning	M	11	2	—	2	—	2	2	—	3
	F	16	1	2	2	—	2	1	2	6
Scarlet Fever	M	20	—	—	1	3	11	4	1	—
	F	31	1	1	1	2	20	3	3	—
Measles (excl. rubella)	M	369	33	39	58	107	131	1	—	—
	F	338	18	51	49	108	109	3	—	—
Whooping Cough	M	10	1	—	3	2	3	1	—	—
	F	19	2	1	3	3	9	1	—	—
Infective Jaundice	M	197	—	1	4	19	82	48	26	17
	F	187	—	1	3	17	75	46	24	21
Dysentery	M	89	8	16	13	19	20	3	—	10
	F	87	8	10	7	16	15	5	6	20
Ophthalmia Neonatorum	M	2	2	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—
Meningococcal Infections	M	3	2	—	1	—	—	—	—	—
	F	4	1	—	1	2	—	—	—	—
Pulmonary Tuberculosis	M	73	—	—	—	2	1	1	15	54
	F	25	—	—	—	—	1	1	6	17
Other Tuberculosis	M	12	—	—	—	—	—	—	4	8
	F	10	—	—	—	1	—	1	1	7
Paratyphoid Fever	M	14	9	2	2	1	—	—	—	—
	F	17	7	1	1	2	1	—	5	—
Tetanus	M	1	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—
Acute Encephalitis (Infective)	M	12	—	—	—	2	4	—	3	3
	F	7	—	—	—	—	1	1	4	1
Total	M	813	57	58	84	155	254	60	50	95
	F	742	39	67	67	151	233	62	51	72
Total both sexes		1555	96	125	151	306	487	122	101	167

Table 4 Annual Return of Food Poisoning

Name of Local Authority

General outbreak

Family outbreak

Sporadic case

— Teesside County Borough.

— Two or more unrelated cases due to a common cause.

— Two or more cases related or in a household due to the same cause.

— Single cases not connected with any other cases.

Table 1 Food Poisoning Incidents and cases

	GENERAL OUTBREAKS		FAMILY OUTBREAKS		SPORADIC	TOTAL	TOTAL
Causative Agent	Number of separate outbreaks	Number of cases notified or ascertained	Number of separate outbreaks	Number of cases notified or ascertained	Notified or ascertained	Number of outbreaks and sporadic cases Columns (1+3+5) (6)	Number of cases Columns (2+4+5) (7)
1. S. Typhimurium	— (1)	— (2)	— (3)	— (4)	3 (5)	3 (6)	3 (7)
2. Other Salmonellae (a)	—	—	—	—	2	2	2
3. Cl. Welchii	—	—	—	—	—	—	—
4. Staph aureus	—	—	—	—	—	—	—
5. Other causes (b)	—	—	—	—	—	—	—
6. Cause unknown	—	—	1	2	20	21	22
7. Total	—	—	1	2	25	26	27

**Details of Food Poisoning due to Salmonellae other than S. Typhimurium
should be given in this table**

(The totals of this table should equal the total of line 2 in Table 1 above)

Type of Salmonellae—						
Panama	—	—	—	—	1	1
Dublin	—	—	—	—	1	1

Table 5 Public Health (Tuberculosis) Regulations, 1952

Summary of notifications of Tuberculosis during the period from the 1st January, 1969 to 31st December, 1969 in the County Borough.

Formal Notifications														
Number of primary notifications of new cases of Tuberculosis														
Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Respiratory														
Males	—	—	2	1	1	5	10	5	14	13	17	5	—	73
Females	—	—	—	1	1	2	4	8	5	2	—	2	—	25
Non-respiratory														
Males	—	—	—	—	—	1	3	4	—	3	—	1	—	12
Females	—	—	1	1	1	1	—	4	—	2	—	1	—	11
Total	—	—	3	3	3	9	17	21	19	20	17	9	—	121

In addition the following Posthumous Notifications were received.

Posthumous Notifications														
Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Respiratory														
Males	—	—	—	—	—	—	—	—	—	1	—	—	1	2
Females	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-respiratory														
Males	—	—	—	—	—	—	—	—	—	2	—	—	—	2
Females	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	3	—	—	1	4

Table 6

National Health Service Act, 1946

Dental Services for Expectant and Nursing Mothers and Children under 5 years

	Children 0-4 (incl)	Expectant and Nursing Mothers
Part A Attendance and Treatment		
First Visit	242	82
Subsequent Visits	148	158
Total Number of Visits	390	240
Number of additional courses of treatment other than First Course commenced during the year	6	2
Treatment provided during the year—Number of Fillings	286	141
Teeth Filled	246	131
Teeth Extracted	505	125
General Anaesthetics given	134	8
Emergency Visits by Patients	41	13
Patients x-rayed	5	6
Patients treated by scaling and/or removal of stains from teeth (Prophylaxis)	19	20
Teeth otherwise conserved	28	—
Teeth root filled	—	—
Inlays	—	—
Crowns	—	—
Number of Courses of Treatment completed 1969	165	51
Part B Prosthetics		
Patients supplied with F.U. or F.L. (1st time)		10
Patients supplied with other dentures		20
Number of dentures supplied		40
Part C Anaesthetics		
General Anaesthetics Administered by Dental Officers		27
Part D Inspections		
Number of patients given 1st Inspections during 1969	311	89
Number of patients in A and D above who required treatment	250	87
Number of patients in B and E who were offered treatment	249	87
Part E Number of Sessions (Equivalent to complete half days) devoted to Maternity and Child Welfare Patients		
For Treatment		104
For Health Education		—

Table 7 Vaccination of Persons under age 16 completed during 1969

(a) Completed Primary Courses — number of persons under age 16

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962-65		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	1279	3903	79	48	39	—	5348
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	16	59	26	35	102	11	249
5. Diphtheria	—	—	—	—	—	—	—
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	1	—	6	24	31
8. Salk	—	—	—	—	—	—	—
9. Sabin	1302	3979	155	116	253	54	5859
10. Measles	—	348	505	353	302	24	1532
11. Lines 1 + 2 + 3 + 4 + 5 (Diptheria)	1295	3962	105	83	141	11	5597
12. Lines 1 + 2 + 3 + 6 (Whooping cough)	1279	3903	79	48	39	—	5348
13. Lines 1 + 2 + 4 + 7 (Tetanus)	1295	3962	106	83	147	35	5628
14. Lines 1 + 8 + 9 (Polio)	1302	3979	155	116	253	54	5859

(b) Re-inforcing Doses — number of persons under age 16

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962-65		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	2	2622	1444	145	390	17	4620
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	71	181	181	2208	56	2697
5. Diphtheria	—	1	3	1	12	—	17
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	2	7	10	139	91	249
8. Salk	—	—	—	—	—	—	—
9. Sabin	—	2809	1718	355	2616	250	7748
10. Measles	—	—	—	—	—	—	—
11. Lines 1 + 2 + 3 + 4 + 5 (Diptheria)	2	2694	1628	327	2610	73	7334
12. Lines 1 + 2 + 3 + 6 (Whooping cough)	2	2622	1444	145	390	17	4620
13. Lines 1 + 2 + 4 + 7 (Tetanus)	2	2695	1632	336	2737	164	7566
14. Lines 1 + 8 + 9 (Polio)	—	2809	1718	355	2616	250	7748

Table 8 Smallpox Vaccination — Persons aged under 16

Return for year ended 31st December, 1969

Age at Date of Vaccination	Number of persons vaccinated (or revaccinated during period)		Number of cases specially reported during period		
	Number Vaccinated	Number Revaccinated	(a) Generalised Vaccine	(b) Post-Vaccinal Encephalo- myelitis	(c) Death from Complications of Vaccination other than (a) and (b)
0–3 months	—	—			
3–6 months	5	—			
6–9 months	33	—			
9–12 months	5	—	N I L	N I L	N I L
1 year	1038	1			
2–4 years	892	20			
5–15 years	186	181			
Total	2159	202			

Table 9 Department of Health and Social Security. Mental Health Statistics for 1969

Number of Persons under Local Health Authority Care at 31st December, 1969

Referred by	Mentally Ill				Elderly		Psychopathic				Subnormal				Severely Subnormal				Grand Total
	Under age 16		16 and over		Mentally Infirm		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	
1. Total number	1	2	329	474	11	20	—	—	3	10	90	109	212	187	110	81	130	122	1891
2. Attending workshops, day centres, or training centres (including special units)	—	—	7	5	1	2	—	—	—	—	68	72	5	4	29	20	88	68	369
3. Awaiting entry to workshops, day centres, or training centres (including special units)	—	—	6	12	—	—	—	—	—	—	2	4	—	—	5	3	—	—	32
4. Receiving home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Resident in L.A. Home/Hostel	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	7	9	20
7. Awaiting residence in L.A. Home/Hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Resident in other Home/Hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Boarded out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Attending day hospital	—	—	16	12	6	4	—	—	2	4	—	—	—	—	—	—	—	—	44
11. Receiving home visits and not included in lines 2-10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(a) suitable to attending a training centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	8	—	—	14
(b) Others	1	2	300	445	4	14	—	—	1	6	20	33	205	181	70	50	35	45	1412

Table 10 Premature Live Births 1969

Weight at Birth	Born in Hospital				Born at home or in a nursing home								Premature stillbirths						
					Nursed entirely at home or in a nursing home						Transferred to hospital on or before 28th day								
	Total Births				Died				Died				Born						
	Within 24 hrs. of birth				In 1 and under 7 days				In 7 and under 28 days				In hospital		At home or in a nursing home				
	In 7 and under 28 days				Total Births				Within 24 hrs. of birth				In 1 and under 7 days				In 7 and under 28 days		
1. 2 lb. 3 oz. or less	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)					
2. Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	30	16	9	2	—	—	—	—	—	—	—	—	9	2					
3. Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	28	6	6	2	—	—	—	—	—	—	—	—	18	—					
4. Over 4 lb. 6 oz. up to and including 5 lb. 8 oz.	92	6	4	2	3	3	—	—	1	—	—	—	13	1					
5. Over 5 lb. 8 oz. up to and including 6 lb. 15 oz.	109	1	2	1	1	—	—	—	—	—	—	—	4	—					
6. Total	215	2	4	2	23	—	1	1	—	—	—	—	9	—					
	474	31	25	9	27	3	1	1	1	—	—	—	53	3					

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